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FREUD'S 'THE ORIGINS OF PSYCHO-ANALYSIS'[1]

By ERIK HOMBURGER ERIKSON, Austen Riggs Centre, Stockbridge, Mass.

I

After an interval of four years the translation into English of *Aus den Anfängen der Psycho-analyse*, Sigmund Freud's personal and scientific communications to Wilhelm Fliess, has followed their publication in German. It is more simply called *The Origins of Psycho-analysis*. Such directness is deserved, for these letters and drafts, in the formulation of the editors, 'amplify the prehistory and early history of psycho-analysis in a way that no other available material does, provide insight into certain phases of Freud's intellectual processes from his first clinical impressions until the formulation of his theory, throw light on the blind alleys and wrong roads into which he was diverted in the process of hypothesis-building, and furnish a vivid picture of him in the difficult years during which his interest shifted from physiology and neurology to psychology and psychopathology.' (x)[2] No reviewer could improve on the poignancy and brevity of this statement; for better or for worse, he can only enlarge upon it.

The man who wrote these letters had indicated twice that he wished them destroyed: first by way of a pact with his correspondent, whose letters he himself did not preserve, and again when the letters, having survived Fliess's death and his family's emigration from Nazi Germany, found their way into the hands of one of the editors. As if to counteract their valiant insistence on this publication the editors attempt to limit the readership and to determine the use of this volume by suggesting in their preface that the material here released 'contains nothing sensational'. To the English translation they add a special paragraph warning the reader that these letters, like earlier revelations concerning Freud's life, lay bare only 'certain aspects of his interests and preoccupations at the time', and certainly not his life's 'secrets'. In the meantime, however, Ernest Jones, in his official biography, has made extensive use of these letters, offering his own translation and unhesitatingly calling the correspondence dramatic and the friendship revealed in it 'the only really extraordinary experience in Freud's life' (Jones, 287). In the face of these (and other) contradictory evaluations, the appearance of the English translation provides us with an opportunity to take stock, once more, of the kind of material which this book puts before the world, and particularly before the worker in the field.

This book, about 450 pages long, contains about fifty pages of introduction by Ernst Kris, about 250 pages of letters, and about 150 pages of scientific 'drafts', including a major 'project' of a psychology for neurologists. Kris's introduction is scholarly and restrained, offering essential background material on both Fliess's and Freud's life-situations and scientific development and previewing the material in the light of what subsequently became of psycho-analysis. In establishing the connection between Freud's early struggles and recent developments in psycho-analysis, the introduction somewhat prejudices the material: it is as if one introduced an account of Columbus' embarkation on the *Santa Maria* with a description of Manhattan. The reader does well to keep his mind fresh for

[1] See Sigmund Freud: *The Origins of Psycho-Analysis. Letters to Wilhelm Fliess, Drafts and Notes:* 1887–1902, edited by Marie Bonaparte, Anna Freud, Ernst Kris. Authorized translation by Eric Mosbacher and James Strachey. Introduction by Ernst Kris. (London: Imago Publishing Company Ltd., 1954, 30*s*.; New York: Basic Books, Inc., Publishers, 1954, $6.75.)

[2] Quotations and page numbers, unless otherwise indicated, are from *The Origins*.

the full impact of black nights on uncharted seas: ' Instead of the passage we are seeking, we may find oceans, to be fully explored by those who come after us ' (182).

Of the original items of the correspondence, 284 in all, we are permitted to see 168. Ernest Jones, who has seen them all, reassures us that: ' The letters and the passages omitted in publication refer to uninteresting details about arranging meetings, news about the health of various relatives and patients, some details of the efforts Freud made to follow Fliess's ' law of periods ', and a number of remarks about Breuer which show that Freud harboured more vigorously critical opinions about him than had generally been supposed.' (Jones, p. 288.)

The letters and drafts published are all Freud's; Fliess's answers can, on occasion, be surmised, not more. Kris compares the communication here witnessed to the overhearing of one party's contribution to a telephone conversation. Although the dates indicate long and eventful intervals between some of the letters, their simple sequence creates a special temptation for the psycho-analyst, namely to follow his occupational habit of reading and treating such one-sided record as if it were a kind of free association, and this the more since these letters and drafts are governed by great freedom in the description of moods and in improvisations of thought. It is, therefore, worthwhile to underscore the fact that this is part of an exchange of letters. A correspondence of long standing is a *rituel à deux*. It develops and cultivates particular levels of mood, selected confessions, and habitual admissions; it is apt to indulge in plaintive comparison with the unseen recipient's person or fate, and in expressions of hopes for a reunion; often it invites some kind of mutual correspondence-transference. All of this, of course, varies with the meaning of mail, that great achievement of intimacy over space and time, in given cultural and historical conditions. At any rate, much of the passion of intellectual intimacy and much of the mutual aggrandizement notable in these letters are familiar features of intellectual correspondence of the past century.

This particular correspondence was, furthermore, subsidiary to another *rituel à deux* developed by the two men, namely, to what they called their ' congresses '. After detailed preparations and with much anticipation, they would get together in some European city or town where long and leisurely walks (*Spaziergänge*) would provide ambulatory vigour and visual perspective to the intense controversies and the intimate meeting of minds. Plans, tastes, and feelings would be exchanged in deeply cultivated, yet undoubtedly again clearly circumscribed areas. The correspondence thus promises to reveal new aspects of Freud only to the extent to which it challenges the analyst to study correspondence as a medium of communication and intellectual friendship as a traditional and highly important form of sublimated homosexuality. The letters present us with a truer or clearer picture of Freud, only to the extent to which we are able to recognize in them a correspondence-personality of an almost deliberate moodiness, indulgent dependence, and radical self-doubt, which (as Jones's biography as well as Freud's published dreams indicate) overlapped with, but did not wholly characterize either Freud's actions or even his dream-life at the time. These letters, then, stand somewhere between the personal transparency of Freud's published dreams and the formal discipline of his published writings. They are characterized, as are all of Freud's utterances, by that frank and playful deliberateness with which he could immerse himself in any form of communication, with himself or with others, and by that zestful curiosity with which he would follow new perspectives.

These are general impressions. The reviewer chooses as his theme an elaboration of the editor's abstract (quoted above) with an emphasis on the way in which this correspondence between intellectual friends is drawn into a radically new kind of intellectual process, specific for psycho-analytic work and thought.

II

The introduction by Ernst Kris, and the papers of Bernfeld to which he refers, indicate that Freud, at the age of thirty, needed, all at once, a new colleague, a new friend, and a new ideal. He had married only a year before and had, for financial reasons, abandoned the academic laboratory for the private office; he was, for the first time, self-employed. To give up the laboratory meant to relinquish a work discipline and a work-ideology to which he had been deeply committed. When at the age of seventeen Freud had chosen medicine in preference to law and politics, he had done so with a nature-philosophic interest for which he found Goethe's ' Ode to Nature ' representative: the unveiling of Nature's mysteries, not the healing

of the sick, provided the first self-image as a doctor. But soon he had, as many bright young people must do, become deeply committed to less fanciful and more ascetic pursuits, of which Brücke and Meynert were the masters: pursuits of an almost monastic service to painstaking physicalistic physiology. The ideology of this important movement was represented in Du-Bois-Reymond's and Brücke's oath (reported by Bernfeld) ' to put in power this truth: No other forces than the common physical chemical ones are active within the organism. . . . One has either to find the specific way or form of their action by means of the physical mathematical method, or to assume new forces equal in dignity to the chemical physical forces inherent in matter.' (*The American Imago*, **6**, No. 1, p. 171.) The letters make clear that in abandoning pure science Freud left a whole future behind him; and, since we know so little about the ego's relation to early work commitments, we may well pay attention to the clinical picture which ensued. When, at age thirty, Freud was forced to exchange the academic monastery for the medical parsonage, he had fully developed a style of work, a manner of publication, and a personal bearing which would have sufficed for one impressively productive, if not creatively unique, life-time.

But now that moratorium, that delay of destined career which characterizes the beginnings of many a creative worker, was over; and, of all things Freud found himself a practising specialist in the neurotherapeutic methods of his day. This role was neither compatible with the ideal of the researcher, totally committed, to the point of ' therapeutic nihilism ', to an ascetic devotion to truth, nor with that other ideal which Freud now mourned as irretrievably missed, namely, the general practice of medicine with its Hippocratic attention to ' the whole patient '. (57) The not quite either-or role of a practising specialist, chosen for practical purposes, was not in agreement with what Freud called his need for an inner tyrant, i.e. a great principle and its total work-discipline.

Freud had been closely associated with one man to whom he liked to refer as a ' practising physician ', a man who had, in fact, taught him how to find a laboratory in the very practice of neurology: Breuer. But at the time in question the bond with Breuer, for a variety of reasons, was weakening. Breuer had been able to follow Freud in matters of hysteria and sexuality because of the intervening theory of constancy, i.e. the assumption that psychic life is characterized by a tendency to keep the general level of excitation constant. Both hysterical and sexual states provided outstanding examples of sudden energy storms with dramatic patterns of emergence, climax, and termination: together they called for quantitative formulations concerning the charge and discharge of some highly transformable energy. Thus, epidemiological facts and patterns of thought converged on sexuality as a vital field of inquiry; and insofar as sexuality promised to be good and remain one energy among others to be studied with scientific detachment in traditional professional settings, it was admissible as subject matter. Freud, as did Breuer, darkly felt that the matter was more important and more dangerous; and Freud resolved to challenge that danger, while Breuer recoiled from it. It was at this point that Freud met Fliess, also a practising physician, in whom far-reaching ideas about the role of sexuality in normal and abnormal states, and in the very cycles and rhythms of the universe, were germinating. In him Freud obviously saw a man to whom he could entrust those ideas which emerged from the new self-chosen and lonely discipline, i.e. a mixture of clinical observation, therapeutic experimentation, and scientific speculation; a man who could help him unfold those powers of disciplined and yet courageous speculation which alone would make the routine attention to patients bearable: ' We cannot do without men with the courage to think new things before they can prove them ' (137). [In German Freud says *aufzeigen*, i.e. ' before they can *demonstrate* them '.] [3]

To this reviewer the letters seem to indicate that Freud thus accepted Fliess as a friend in need, a companion in certain configurations of thought, while he obviously never completely accepted the development of Fliess's theories. There are indications that Freud's overestimation of Fliess as a theorist has been overestimated. True, Freud attempts to go along with Fliess in the published correspondence; and we are told that some of the omitted letters show Freud's efforts at following his friend into his theories. Yet all of this remains part of the correspondence. Freud seems to have been careful throughout not to let this so-called overestimation enter into writings destined for the

[3] Reviewer's explanations or corrections of the English text appear in square brackets. The translation as such will be discussed at the end of this review.

public. Such phrases as he did use publicly (' magnificent simplicity ', ' grandiose conception ') are non-committal in regard to the scientific solidity of Fliess's theories, while Fliess's public references to his friend Freud seem to have been extraordinarily stingy. Even in the letters Freud calls Fliess ' a worse visionary than I ' (130). [the original German word being ' Phantast ', which implies a more completely aimless imagination than does the English ' visionary ']. This is said jokingly and even tenderly ; yet kidding references to Fliess's theories of the neurological relationship between the nose and the genitals seem relentless throughout: Freud reports that ' Breuer has accepted the whole of your nose ' (121), or adds to greetings to Fliess and his family, greetings ' to sexuality through the nose '. (135) Maybe his most obvious slur was contained in a practical joke which he perpetrated on his friend, when on an outing in the Austrian Alps he entered Fliess's name in the guest book of a mountain hotel, naming as his profession ' Universal-specialist ' (285), obviously someone who, as the saying goes, knows less and less about more and more. It does not seem that on the whole Freud overestimated Fliess's theories any more or any longer than he did some of his own speculations ; while he stated with utmost frankness what he wanted from him: ' In the first place, I hope you will explain the physiological mechanism of my clinical findings from your point of view; secondly, I want to maintain the right to come to you with all my theories and findings in the field of neurosis; and thirdly, I still look to you as the Messiah who will solve the problem I have indicated by an improvement in technique [i.e. coitus without contraceptives].' (76) Beyond this Fliess seems to have had the personality and the education which permitted Freud to entrust him with ' imaginings, transpositions, and guesses ', and to make of him the representative of ' The Other ' [' den Repräsentanten des Anderen,' unfortunately translated as ' other people '. (298)]. With him he could institute that relationship of bipolarization which many creative men need in order to have the courage of their own originality. Such a relationship consists, to some extent, of a mutual casting in the double-roles of benevolent authority and audacious co-conspirator, of applauding audience and cautioning chorus—roles which fortify both participants against the super-ego guilt and against the social shame which might inhibit their innermost aspirations. What Freud wanted from Fliess, Jones calls ' sanction ', a fitting and significant designation. When completing his ' project ', Freud thanks Fliess for ' the powerful impulse to [*permit myself to*] take the thing in earnest ' (die Sache ernst nehmen *zu dürfen*). (124)

That in the ensuing correspondence unrestrained terms of mutual lionization should appear ; that Fliess should be made an Apollinian tower of calm strength while the writer becomes a driven Dionysian (and ' shabby Israelite '); that figures of speech should occur which picture the writer as a feminine womb for the intellectual sireing of the other—all of this is, to a considerable extent, sanctioned by a tradition of intellectual and poetic friendship, and not to be confused with ' transference '. Men in development often appreciate in one another their early and innermost aspirations rather than what they are or are going to be: ' I see ', Freud wrote to Fliess, ' that you are using the circuitous route of medicine to attain your first ideal, the physiological understanding of man, while I secretly nurse the hope of arriving by the same route at my own original objective, philosophy. For that was my original ambition, before I knew what I was intended to do in this world ' (141). Only against the background of such a friendship can the outlines of that actually emerging transference be recognized—the first transference in history to lead, through the discovery of its own nature, to its own therapeutic liquidation.

III

The correspondence starts slowly and warms up gradually. From the years 1887–92 only sixteen letters are preserved, only thirteen reprinted here. They are a doctor's letters to a doctor. By the end of this period a solid friendship seems to have formed, partly owing to the circumstance that Fliess frequented Vienna to court a Viennese girl at the time when Freud's ' battle with my collaborator ' (64), Breuer, gradually led to a deep personal enmity and to thorough theoretical estrangement. In the first ' drafts ' Freud shakes off the shackles of traditional inhibition and personal indebtedness and sends to his friend, up in the more forward-looking Berlin, a series of clear-cut if extreme formulations concerning the origin of various neurotic states in the sexual practices of his day. (' You will, of course, keep the draft away from your young wife.') (66). These formulations are of a sweepingly epidemiological character and

end with a prediction of doom reminiscent of the pessimistic economists of the classical era: ' In the absence of such a solution [i.e. an innocuous method of preventing conception] society seems doomed to fall a victim to incurable neuroses which reduce the enjoyment of life to a minimum, destroy the marriage relation and bring hereditary ruin on the whole coming generation. The lower ranks of society know nothing of Malthusianism; but they are following along the same path and will eventually fall a victim to the same fatality.' (72). His conclusions are ' that the neuroses [he means here anxiety neurosis and the neurasthenias] can be completely prevented but are completely incurable. The physician's task is thus wholly concentrated on prophylaxis.' (71). There is as yet no inkling of the unbeaten paths into the inner unknown which would have to be pursued before widespread prophylaxis (to-day's mental hygiene) could be envisaged. The doctors send one another case abstracts, but Fliess seems to insist on his ' nasal reflex neurosis ', while Freud pursues a sexual aetiology somewhere between social contamination and somatic excitation. True, Freud in 1893 refers to the nasal reflex neurosis as ' one of the commonest disorders ' but adds ' unfortunately I am never sure of the " executive ".' (73). [The reviewer feels that the German ' Exekutive ' here means ' how it works ', not ' what practical measures to take '.] In the meantime, he pursues his aetiological formula according to which neurosis is a consequence of sexual experience in which a complete discharge was impossible, either because of the inadequacy of the sexual partner, or because of the limited potency of the patient himself, or (and this assumption now begins to gain ascendancy) because of a seduction at a time when discharge was developmentally impossible, i.e. in childhood.

But then, in the letter of 19 April, 1894, an entirely new note appears; Freud apparently had consulted Fliess in regard to a variety of his own symptoms and moods, which he condenses in the word ' Herzelend ' [something like ' heart-misery '] here translated as ' cardiac oppression ' (82); Fliess had cauterized his nose and had urged him to give up his beloved cigars. The intellectual communication appears jammed: ' I have not looked at your excellent case histories . . . " the present state of the knowledge of the neuroses " was abandoned in the middle of a sentence . . .' (83). Freud now reacts much like any patient, if one with a tragic sense of alarm over a new kind of relationship. ' As everyone must have come under someone's suggestion, to escape [to rest from] his own criticism, from that time on three weeks ago to-day—I have had nothing lit between my lips.' (81). [The German says ' nothing *warm* any more between the lips ' = ' nichts Warmes mehr zwischen den Lippen ', and it is hard to see why Freud is censored here.] Freud continues, much like a patient: ' I am suspicious of you this time, because this heart trouble [' Herzangelegenheit ' = ' matter of the heart '] of mine is the first occasion on which I have ever heard you contradict yourself.' (83). To add an element of acting out Freud reports a visit to Breuer (with whom scientific co-operation was then coming to an end) to clarify the question as to whether he was suffering ' from a reasonable or a hypochondriacal depression '. (83).

Whatever Freud's disturbance was clinically, he indicates one month later the kind of intellectual crisis which seems to be the cause and concomitant of his inner storms: ' I have the distinct feeling that I have touched on one of the great secrets of nature.' (83). This secret, of course, was the central importance in human life (and not only in psychopathology) of sexual affect as a quantity, and of differential mechanisms of defence. That every step of his search led Freud both into oedipal guilt and into some such sense of having challenged the gods as the Greeks call *hybris*, is amply demonstrated throughout the letters. It is suggested that it is this very *hybris* which the young medical man, with his wide sweep of interests, had overcompensated for by applying himself to the ascetic concentration on the details of nerve structures; and that it is this very *hybris* (multiplied a thousandfold by the subject matter now emerging) which drove the maturing man deeper into neurotic conflict, and into a kind of transference to his mentor-friend, who was also his physician and surgeon. For if now the approach to ' Nature ' was open again, so were all the dangers of a mutual aggravation of *oedipal conflict* (renewed by his father's impending death) and of a nature-philosophic speculation which, in *technique*, and now also in *subject-matter*, could not avoid approaching what was to be recognized as the unconscious and its primary process: such overdetermination is the stuff these letters are made of.

The grandeur of Freud's aspirations then appears in a classification of the major neuroses and an outline of a theory bridging all of sexual-

ity and psychopathology, with the intervening concept of the principle of psychic constancy. In the meantime the letters convey a sense of two elemental truths which were soon to be more consciously perceived and to be formulated in this very correspondence: (i) that basic psychological insight cannot be approached without the involvement (and not gained without the analysis) of the observer's impulses and defences, and (ii) that such insights cannot be communicated without the ambivalent involvement of the communicators. For the present, however, the element of transference which had begun to blur the friendship to Fliess retained its intellectual counterpart in a theory which would blame primarily the fathers for the neurotic suffering of generations: a theory which was to be fatefully adhered to, and abandoned only after another transference crisis.

IV

The spring of 1895 finds Freud preparing himself for the greatest intellectual effort of his life, namely, a ' Psychology for Neurologists '. He now had found his ' tyrant ' (119): psychology. ' I am plagued,' he writes, ' with two ambitions: to see how the theory of mental functioning takes shape if quantitative considerations, a sort of economics of nerve-force, are introduced into it; and secondly, to extract from psychopathology what may be of benefit to normal psychology.' (119). There are continued moody references to fluctuating physical complaints which only at moments maintain what throughout the letters is hinted at as an optimum state of mild painful discomfort, in which he seems to work best. But the struggle against smoking is resolved: ' I have started smoking again, because I still missed it (after fourteen months' abstinence), and because I must treat that mind of mine decently, or the fellow will not work for me. I am demanding a great deal of him. Most of the time the burden is superhuman.' (121). With this return of ego-equilibrium a great harvest comes to be garnered: in July he ' exhaustively ' analysed the strategic Dream of his patient Irma and established wish-fulfilment as the core of dream life; in August he gained the understanding of pathological defence: ' the theory,' he exclaims, ' is bold and beautiful.' After another inspiring ' Congress ', the great ' Project ' is jotted down in the autumn, sent to Fliess in October—only to be promptly recanted in November: ' All I was trying to do was to explain defence, but I found myself explaining something from the very heart of nature. I found myself wrestling with the problems of quality, sleep, memory—in short, the whole of psychology. Now I want to hear no more of it.' (123).

This is the halfway mark of the correspondence, the time when Freud began to evolve systematically what had originated coincidentally and eruptively. This midway point shows a man, in many ways maturely settled in community, practice, and family (there are many delighted and untranslatably delightful references to the children), yet daimonically obsessed with the inner necessity to reconcile the ideology of his past discipleship in physiology and his now unavoidably approaching mastership in psychology. His discipleship (as is not uncommon for originators) had been rather prolonged; certain latent adolescent-homosexual trends universally connected with it were now finding a not untraditional expression in the friendship with Fliess. Now the utopian part of the ideology needed to be spelled out *ad absurdum*, so that the revolutionary part of it might become free and live.

Freud introduces the ' Psychology for Neurologists ' with a candid statement of purpose: ' The intention of this project is to furnish us with a psychology which shall be a natural science: its aim, that is, is to represent psychical processes as quantitatively determined states of specifiable material particles and so to make them plain and void of contradictions. The project involves two principal ideas :

1. That what distinguishes activity from rest is to be regarded as a quantity (Q) subject to the general laws of motion.

2. That it is to be assumed that the material particles in question are the neurones.' (355).

Freud proceeds to develop a model of organization of these ' particles ', a sensitive machine for the management (through resistance, defence, discharge, and action) of varying qualities and quantities of excitation, such as are aroused by external and internal stimuli. Physical concepts, such as the principle of inertia and energy charge and discharge, are combined with histological concepts to create a neuronic golem, in which all those puzzling subjective phenomena of pleasure and pain, of consciousness, thought, and memory, are mechanistically demonstrable and explainable on the basis of an over-all principle of solipsistic inner constancy. As Freud put it later: ' Everything fell into place,

the cogs meshed, the thing really seemed to be a machine which in a moment would run of itself.' (129). Since an exclusively physical-biological ancestry is often ascribed to Freud's configurations of thought, it is worth stressing concomitant relations to mechanical and economic configurations. Freud grew up in an era of universal search for an inner equilibrium in a closed universe, as if enlightened and rational man now invested his faith in the certainty that not only Nature, but also the ' nature of things ' could be trusted somehow to maintain its own balance in the face of change and upheaval: in the economic sphere, too, self-preservation, pleasure-seeking and profit hunger themselves were to be ennobled as ' natural ' parts of a self-correcting market. It is not generally remembered to-day that decades before Freud, economists spoke of men in the aggregate as pleasure-and-pain machines (Edgeworth). ' Human nature ' as a psychological system was not as yet fully included among these systems, although the human organism was. When Freud, then, spoke of an inner economics of nerve-force, he meant a much closer analogy to concepts of economics than is later implied in his much refined and specialized ' economic point of view ' which, in fact, receives its definition from a differential comparison with the dynamic and topological viewpoints within psycho-analysis.

Freud's Project (or what he refers to mock-cryptically as his $\phi\psi\omega$) while sent to Fliess in 1895, is attached to the book as an appendix. It is forbidding reading for all but a few. Ernest Jones in his biography has humanely offered a pre-publication summary in English. This reviewer can only testify that it is highly rewarding for one who is not one of the few to try, with the help of one who is, to follow Freud's astonishing reasoning. He will thus participate in the persistence and courage of the high intellectual adventure attending the pursuit of *creative misconceptions*—a persistence which disposes of traditional assumptions not by abandoning them, but by pursuing them to that bitter end where radically new assumptions may, because they must, emerge from the matrix of traditional configurations of thought.

The reader gradually comes to feel that what these neurones are supposed to do, is in fact what he has learned to assume the psychic apparatus does: he will imperceptibly replace a structural-psychological for a neurological point of view, and suspect that the former (and the seventh chapter of *The Interpretation of Dreams*) would never have emerged without the latter. Secondly, he may come to feel (with Jones) that Freud's project has significant relations to cybernetic theories of communication (which may or may not speak for either). Thirdly, he will find, in the neuronic matrix of Freud's discourse, surprising eruptions of configurations of thought which anticipate the preoccupations of our day.

Freud is certainly not the first to speak of an ego. What is surprising is to find in this mechanistic discourse a reference to the ego as an ' organization ', ' a *group of neurones* which retains a constant cathexis ' and thus ' form part of the *domain* of the ego.' (384). Here, a field concept clearly overtakes that of pathways of facilitation.

A second quotation, in order to be appreciated, would have to be seen emerging from the up to then completely mechanistic exposition: ' At early stages the human organism is incapable of achieving this specific action [i.e. toward a riddance of a given excitation]. It is brought about by extraneous help, when the attention of an experienced person has been drawn to the child's condition by a discharge taking place along the path of internal change (e.g. by the child's crying). This path of discharge thus acquires an extremely important secondary function—viz. of bringing about an understanding (*Verständigung*) with other people; and the original helplessness of human beings is thus the primal source of all moral motives.' (379). Note that Freud here does not speak of ' the ' mother, or the ' environment ', but of an ' experienced person ' (' ein erfahrenes Individuum ') who in the sentence immediately following becomes a ' hilfreiches ' (literally ' helprich ') *vis-à-vis* a ' hilfloses ' (' helpless ') individuum. In one sentence, he seems to anticipate that hope of a new morality, based on the mutuality of function, which in our time may well (again, because it must) evolve with the support of psycho-analytic and ecological considerations.

V

One month after the dispatch of the project Freud wrote: ' I no longer understand the state of mind in which I concocted (*ausgebrütet*) the psychology.' (134). He now calls it a ' kind of aberration ' (*Wahnwitz*). In the meantime, however, he feels that he has made fundamental headway toward an understanding of ' the two neuroses ', and of dreamlife. As if freed from

some consuming servitude, the doctor now comes into his own: 'I am sure that both neuroses are radically curable now. . . . I have lived some forty years not quite in vain.' (128). But now he must fill the 'psychological gaps', must establish a *theory of neuroses*.

The elucidation of these gaps fills the letters for years to come: many small and dark headwaters are seen to combine with those determined streams which later entered the literature in *The Interpretation of Dreams*, *The Psychopathology of Everyday Life*, and the *Three Essays on the Theory of Sexuality*. Strangely enough, the letters say little about technique; in 1896 the word psycho-analysis quietly joins the vocabulary. The over-all impression is that the technique of enlightened passivity in the face of the patient's 'resistance' was understood and accomplished by Freud only against a host of resistances in himself—resistances emanating from traditional masculinity as well as from cherished work-habits: for a man's (and his time's) ideal images of himself as a sexual being and as a worker are fatefully intermeshed. It was, then, not only a difficult subject, namely, the fact of a universally repressed and dissociated infantile sexuality, but a difficult and at times obnoxious method, which made it necessary for Freud to face his own 'feminine' and infantile selves. By the same token, it seems that he defended himself against both inescapable methods and facts again with a grandiose persistence in the physiological ways of looking for well differentiated tissues, pathways, and lesions. It seems to be part of a creative man's beginnings that he can change the scope and the trend of his thinking while compulsively maintaining the modes of logic and work-discipline which have become part of his first identity as a worker. Shaw, when he gave up office work, wrote five pages a day for five years and produced five novels: they were then unpublishable, but he became a writer. Freud, as a clinical observer, went on 'slicing' his material in endless series of obviously overstated dichotomies: 'I know three mechanisms: (1) conversion of affect (conversion hysteria); (2) displacement of affect (obsessions) and (3) transformation of affect (anxiety neurosis and melancholia).' (84). 'In hysteria it is a *psychical* excitation which takes a wrong path in an exclusively somatic direction, whereas in anxiety neurosis it is a *physical* tension which is unable to find a psychical outlet and continues along a physical path.' (94). 'The neuroses of defence are pathological aberrations of normal psychical states of affect: of conflict (hysteria), of self-reproach (in obsessional neurosis) of mortification (in paranoia), and of grief (in acute hallucinatory amentia).' (146). 'In hysteria it is memories, in obsessional neuroses perverse impulses, and in paranoia defensive fictions which penetrate to the surface in a distorted form imposed by compromise.' (196). 'Displacement along associative lines: hysteria . . . on lines of (conceptual) similarity: obsessional neurosis [misprinted as 'obsessional. Neurosis'] . . . on causal lines: paranoia.' (204). In all of these statements we see intuitive insights emerge: Freud used these psychopathological 'sections' for the gradual establishment of a genetic dimension, just as he had done with the brain sections of different developmental levels when he investigated the persistence and the differentiation of early structures in the brains of kittens and puppies, of embryos and infants. Only that the reconstruction of foetal origins now is applied to individual (and soon to phylogenetic) '*pre-history*', while the search for traumatic *scenes* replaces that of lesions, and the tracing of *memories* that of neuronic pathways. But since he was now dealing with psychological material, i.e. material with inescapable concomitants in the observer's unconscious, not only the conflicts intrinsic to his work associations, but also the whole of his past life became inextricably interrelated with his intuitive search. To take a look at the primary process, and to remain truthful, means to confront the Medusa: here a man is apt to clutch his accustomed weapons.

As localization of the trauma in childhood became the dominant pursuit, the seduction theory entered the crisis which ended in its liquidation. It was during this period that Freud's father ailed and died, mourned by his son in memorable words, and yet leaving him with some intensified conflict with the father-image. An incredibly stubborn search for the 'paternal aetiology' followed, a persistent attempt to pin the trauma of seduction in childhood on a 'scene' of perverse seduction by the father. This again was a creative error which led to absurdities of reconstruction and to psychological blind spots which would persist for quite some time. Yet it eventually opened the way to the understanding of the infant's and child's impulses and vulnerabilities, and to a first formulation of periods of heightened impressionability and of relative latency.

Freud enlivens his letters with diagrammatic sketches which in the German edition are reproduced in his handwriting, while the English edition renders them in print. One of these diagrams (Fig. 6, p. 164) does not seem to be transferred correctly. Freud here means to indicate that in Hysteria ' the scene ' took place before the age of four, in Obsessional Neurosis between four and eight, and in Paranoia between ten and fourteen. However, he speaks of a ' reawakening ' of these scenes, followed by repression during the ' transitional periods ' of 8–10 and 13–17. Freud thus introduces latency periods, the first of which (psychosexual latency) has been fully elaborated in psycho-analysis, while the second still awaits clarification. In the English translation, such latencies are incorrectly allocated to the periods 10–14 and 17–X. Correctly transposed, the diagram would look as follows:

	1A Up to 4	1B Up to 8	A	II Up to 14	B	III Up to X
Hysteria	Scene		R		R	
Obs. Neur.		Scene	R		R	
Paranoia				Scene	R	

R = Repression

The letter R stands for repression, as in the German edition (p. 175) the letter V stands for Verdrängung. (The ' snorkels ' emanating from Freud's V's may, at the very most, signify a carry-over of repression into stages II and III; but the onset of repression in A and B is clearly fixed.)

What finally evolves from this differentiation between the *periods* when ' the event ' occurs, the *quality* of the event, and later periods of ' re-awakening ' and of ' *repression* ', is a time-space schema of the psyche, in which different memory traces (various species of ' signs ') are still ascribed to different neuronic systems, but are subject to ' transcriptions ' during successive epochs of life. In this gradual charting of the epigenetic character of human development, the erotogenic zones and the stages of libido are unearthed.

This step forward, however, remains shackled to the theory of ' seduction by the father ' which now replaces heredity as the primal and exclusive cause of all Evil: ' heredity is seduction by the father '. (180). Only gradually does this ruthless and perverse father-figure become, more vaguely and more correctly, ' the pre-historic, unforgettable other person [the ' Other One ', ' der Andere '] who is never equalled by anyone later.' (180). According to his way of work Freud had to make two detours before he could behold and accept the fact that that prehistoric Other with his absurd deeds was a primal phantasy image which merged with a mother image of earlier origin. One of these detours was into phylogenetic history: Why, he asks, were the confessions extracted from the ' possessed ' under torture in the ecclesiastical courts of the middle ages so very similar to his patients' ' reports ' under psychological treatment? He delves deeply and thoroughly into this ' parallel with witchcraft.' (188). But he cannot penetrate this riddle without courting renewed emotional discomfort: ' I am beginning to dream of an extremely primitive devil religion . . .' (189)—obviously the underworld of anal-sadistic ruminations. He insists that these ' intervening phantasies ' arise from things *heard* but only understood *later*, still adding ' all the material is of course genuine '. (196). His stubborn pursuit of this theory leads him to an almost dianetic absurdity: Hysterical phantasies go back to things heard from six to seven months onward! He goes so far as to speak of a patient's luck in that the ' Almighty was kind enough to remove the father by death, before the child was eleven months old '. (211). But his own outraged sense of reality now forced upon him the insight that he himself was the captive of a phantasy. A dream suddenly showed him ' my wish to pin down a father as the originator of neurosis '. (206). This wish, of course, could only be a neurotic one. He could not escape any longer his own analysis, and with it, an intensified transference to Fliess. It is in this context that he, again, becomes strangely submissive and dependent. ' You are flourishing, while I open all the doors of my senses and take nothing in . . . I am agape (*erwartungsvoll blöde*) as never before for what you have to say . . . I am empty and ask your indulgence (*Gnade*).' (210). But he recognizes the transference: ' Something from the deepest depths of my own neurosis has ranged itself against my taking a further step in understanding of the neuroses, and you have somehow been involved.' (212).

At long last, in the historic and heroic letters of the autumn of 1897 the seduction theory is abandoned, the father-image is recognized as part of the Oedipus complex (which in turn is recognized as a dominant theme in world literature), and Freud's self-analysis breaks

through to the first ' pre-historic Other ' of them all: the mother, or rather the mother-image, as shared by his natural mother and by his old Kinderfrau, who was both evil (she was a thief) and holy: she took him to his home town's churches, ' told me a great deal about God and hell, and gave me a high opinion of my own capacities.' (219). After prolonged work Freud recognized his own resistance to his own self-analysis, and completed the personal groundwork on which to-day's training analysis rests: ' Self-analysis is really impossible, otherwise there would be no illness . . . I can only analyse myself with objectively acquired knowledge (as if I were a stranger).' (234).

It was here that Freud apparently began to realize fully the extent to which he had made Fliess ' the Other ', while he could make himself ' the Stranger ' only up to a point. He seems to have exploited the authoritarian conflict with his father beyond all reason not only because of the universal taboo against filial death wishes, but also because of the inaccessibility, at the time, of an element of mother fixation in all transference, even in that to the man Fliess—a mother transference which had first appeared in the querulous complaint over the forbidden warmth between the lips. He now acknowledges that infantile trust, that gratitude toward the ' experienced person ', which had made its surprise entrance in the middle of his $\phi\psi\omega$: ' If I succeed in resolving my hysteria, I shall have to thank the memory of the old woman who provided me at such an early age [meaning when his mother gave birth to the first siblings] with the means for living and surviving.' (219). His personal recovery included a manly acceptance of error: ' I am proud that after penetrating so far I am still capable of such criticism. Can these doubts be only an episode on the way to further knowledge? ' (217). He now dares to utilize what before would have seemed a feminine mode of work: ' I have to wait until things move inside me and I experience them ' (236) [here his German is lyrical, Rilke-like: ' bis es sich in mir rührt, und ich davon erfahre ']. Finally, he found his insights ' beautiful ' in the simple manner of all craftsmen.

The road is now open for an insight on Freud's part into the whole *tour de force* of his clinical research: Instead of his first ' crude answer, at the time when I was still trying to take the citadel by storm ' he now speaks of auto- and heteroerotic stages, of object-relationship, and of regression. Also he takes a fresh look at his own relationship to his patients, finding that days of ' drawing conclusions ' cause him to be ' far away from things ', while full receptivity to patients dulls his interest for ideas. Foreseeing that some day soon he will apply himself to ' patients' feelings as well as their ideas ', he summarizes: ' I have let myself be lured a long way from reality. . . . All this work has done a lot of good to my own mental life. I am obviously much more normal than I was four or five years ago.' (280).

Thus another basic insight arose from creative misconception and persistence, namely, that at any given time, the psycho-analyst's ability to conduct cures and to gain fresh insight coincides with (as it is apt to be limited by) his consistent efforts at curing in himself whatever conflicts advancing life and deepening insight itself will awaken and reawaken.

VI

The letters describe a number of depressive and anxious states which Freud, never one to spare himself, refers to as neurotic and as ' *my phobia* '. During these years he apparently traversed certain mental states which only a better knowledge of the ego in advancing years and in creative periods will help to diagnose. Some exaggerated sense of the passing of time, of premature aging, and of the possibility of an early death is prominent throughout. The first of the letters to Fliess was written by what to-day we would consider a rather young man (31), the last one by a man certainly not old (46); yet it is well to remember that expectation of life was much shorter in those days. Freud had not left his parents' household for good until he was twenty-seven, and had established his own only at thirty: he had taken his time with coming into his own. Now a monumental lifework began to arise before him, and yet in the letters he depicts himself more than once as being on the verge of giving up. We thus see both a post-adolescent search for a work-ideology, and the despair of early aging crowd into a decade which was busy enough with its own middle-aged problems ' of fresh possessions in children and knowledge ' (268)—his wish for Fliess's fortieth birthday. In this correspondence, then, we witness a high condensation of acute life problems and workproblems, while the writer penetrates into his own past by way of letting the past make contact with the acute present. The life-cycle, its normative crises and its phasic pathology, takes on a new meaning.

There is, for example, Freud's 'railroad phobia', mentioned often but never described. Whatever it was, Freud traces it to infantile sources, i.e. the actual loss by migration of a 'prehistoric' childhood milieu which had combined life in the Moravian countryside, relative economic safety, and of course, mother and Kinderfrau. That the Kinderfrau's mediation between Freud's Jewish milieu and the devoutly Catholic environment had made a deep impression can be seen again from the fact that Freud locates the beginnings of his phobia at age three, when on 'migrating' with his mother, he had in the railroad station of Breslau seen the first gas jets: 'which reminded me of souls burning in Hell'. (237). It was on this same trip that he remembers having seen his mother 'in nudam' —maybe a somewhat impractical assumption considering Victorian travel, but highly significant for the oedipal implications of the theme of unveiling Nature. Later, a patient taught him (yes, patients consistently taught him things about himself) that 'My phobia, if you please, was a poverty, or rather a hunger phobia, arising out of my infantile gluttony and called up by the circumstance that my wife had no dowry (of which I am proud).' (306). In other words, the fear of impoverishment by abandonment was intensified during that life-crisis of professional displacement in which this correspondence originates: the time when Freud, after much procrastination, became self-employed and the head of a household. Subsequently the letters persistently and ambiguously refer, on the one hand, to an infantile paradise lost, to a 'prehistoric' period, and to an early wish-world out of which come deferred fulfilments and with them, the only happiness known; and they report, on the other hand, the economic pressures of his life-circumstances, the influence on the income of medical specialists of that first Great Depression, that 'Paradox of poverty in plenty' which accompanied industrial expansion in Europe, and which hit some countries more than others, and Vienna, Austria significantly more than Berlin, Germany.

During the years of the letters Freud's railroad phobia was intensified by acute fears of an early death. It is here that his status as a thinker seems to be a contributing factor. That he was 'coming too late', that he was 'missing the train', that he would perish miserably before reaching some promised land—these thoughts are clearly reflected in the letters. He cannot see how he can complete what he feels to be growing within him, if every single step takes so much 'work, time, and error' (269) (a scientist's counterpart to the Churchillian formula). Connected with this are, at first, references to dangers to the heart, that inner metronome and measure of endurance. The themes of time-pressure, heart-acceleration and the aspiration at 'getting there first' combine in the remark: 'I picked up a recent book by Janet . . . with beating heart, and laid it down again with my pulse returned to normal. He has no suspicion of the clue.' (247).

This urgent theme of time first overlaps with and then is gradually replaced by a geographic restlessness: would time permit becoming a general practitioner, maybe in Berlin, in England, in America? And toward the end of the correspondence a strangely intense, a 'deeply neurotic' (236) urge to see Rome. At first, the dominant wish is to arrange for a 'congress' there; then a persistent 'we are not in Rome yet' (280) or 'I shall no more get to Rome this Easter than you will' (328); and a personal—'On the whole I am further away from Rome than at any time since we met, and the freshness of youth is notably declining. The journey is long, the stations at which one can be thrown out are very numerous, and it is still a matter of "if I can last out".' (310). The last sentence is one of numerous references to a Jewish story, according to which a man, travelling without a ticket, and kicked out with increasing vigour at a number of stations, is finally asked for his destination. 'Karlsbad,' he answers, 'if my constitution permits.'

Only when *The Interpretation of Dreams* is published, and the friendship with Fliess comes to an end, does Freud plan more firmly to spend Easter in Rome. 'Not that there is any justification for it, I have achieved nothing yet [es ist nichts erreicht] and in any case external circumstances will probably make it impossible.' (327). Rome was Hannibal's never-consummated conquest, as Israel was Moses' never-visited vision; this double theme clearly emerges as the core of Freud's identification in the matter of Rome. Beyond this, the Eternal City seems to mean many things, all of which are superbly condensed in the phrase: '*Next Easter in Rome*' (317). Here is the educated German's *Sehnsucht* for the classical world; the homeless Jew's longing as expressed at Passover in the words 'Next year in Jerusalem'; and most probably also the small child's wish (now repudiated by the rational man) to experience again the wonder

(once imparted by the Kinderfrau) of the holiday of resurrection.

Only at the very end of the correspondence does the writer's perspective of time and place fit what we now know to have been the future of the originator of psycho-analysis: 'I have readers . . .; the time is not yet ripe for followers.' (304). The last letter of last century admits 'We are terribly far ahead of our time'. (306).

When Freud, then, speaks of a 'railroad phobia' he obviously referred to an anxious state which did not keep him from travelling. Similarly, when he writes about his being 'arbeitsunfähig', i.e. unable to work, he was referring to that intellectual activity which really was above and beyond the call of duty of a practising neurologist: thinking. He was never unable to take care of his practice, when there were patients; but he never felt that anything had been accomplished without some advance in creative thought.

In addition to this 'phobia', the letters refer to numerous physical complaints, among which migraine-like headaches seem prominent, and this with an interesting tendency, to welcome a certain amount of physical discomfort as necessary for intellectual work, while complaining only when the powers of concentration were drowned out by the pain. There are also dispersed over the years, most thought-provoking references to areas of mental functions which did not keep pace with his superior equipment: Freud refers to 'a very poor feeling for space' associated with what he calls his 'two left hands' in childhood (243); 'my stunted acoustic sensibility' (263); and a lack of 'the slightest mathematical ability' and of 'memory for numbers and for measurements.' (336).

VII

In 1898 all other pursuits are dropped in favour of '*the dream book*' (245)—even the self-analysis. As far as can be seen, no preliminary drafts are sent to Fliess: in fact, drafts solely meant for Fliess's attention do not accompany the second half of the letters. Fliess receives chapters, as they become ready, for criticism and prompt return. The letters themselves now move more freely from travel-vistas to case-episodes and literary discussions. It is as if the complete and systematic break-through to the rich mines of symbolism and of inner dynamics had set Freud free to go in many directions at once; gradually (but not before undergoing one more significant crisis) he also comes to the conclusion that he must go it alone. He is now a psychologist: 'Beyond a feeling of conviction [concerning the organic basis of mental life] I have nothing, either theoretical or therapeutic, to work on, and so I must behave as if I were confronted by psychological factors only.' (264). The letters now move freely into metapsychology, 'a term he chooses because his psychology 'leads behind consciousness'' (246); into 'psychomythology' (237) including the psychology of religion and nationalism; into 'clinical psychology', the connection of psychopathology with 'conflict and life' (274); and into the psycho-analysis of literature (256). The case episodes become, as it were, more three-dimensional, and it occurs to him how much like 'a clever work of fiction' a case history really is. At this time, then, Freud's ability to discern with creative pleasure the forms of life around him, as well as his awareness of a wish to say truer things more perfectly, develop to their full stature. When, finally, the dream book nears completion, 'the finest—and probably the only lasting—discovery that I have made' (281), he significantly describes it to his friend as a bit of perambulation: 'The whole thing is planned on the model of an imaginary walk. First comes the dark wood of the authorities (who cannot see the trees), where there is no clear view and it is very easy to go astray. Then there is a cavernous defile through which I lead my readers—my specimens with its peculiarities, its details, its indiscretions, and its bad jokes—and then, all at once, the high ground and the prospect, and the question: "Which way do you want to go?"' (290).

On 4 November, 1899, Freud announces the publication of 'the book', adding immediately that only after publication had he become aware of a slip: 'Hannibal's father's name was Hamilcar, not Hasdrubal.' (302). In *The Interpretation of Dreams*, then, when alluding to the impression during his boyhood that his father would not have been a worthy ancestor to a Hannibal, a Semitic would-be conqueror of Rome, he had given to Hannibal's father the name of Hannibal's brother.

The grumbling of discord in the Fliess letters becomes faintly noticeable early, but reaches a gradual crescendo only as *The Interpretation of Dreams* progresses. True, Freud continues to write of himself as a 'flickering light' and of Fliess as a 'steady flame' (272), and envies him

for dealing ' with light, not darkness, with the sun and not the unconscious '. (295). He compares himself with Nansen ' who discovers something new by a false route and finds that it is not so big as he expected.' But when he adds ' fortunately, the secure harmony of your nature preserves you from that ' (260), a slur in the compliment is unmistakable, for it implies that Fliess's olympian harmony prevents him from making creative errors—and from recognizing them. And indeed, Fliess was gradually succumbing to Nature-philosophy and a kind of speculative mathematics; he attributed not only conception and the sex of infants, but also the date of death to laws of periodicity. When to this list he added nervous breakdowns and their cures, he blithely overrode exactly that advance of reason and technique which Freud had so laboriously and painfully conquered.

Paradoxically, when it comes to the final break-up, we have Fliess's description, and not Freud's. Freud's letters contain determined attempts at a confrontation of issues and feelings, but they also indicate that he must have worn down Fliess at least with the gratuitous interpretation of the ambivalence revealed in his own slips and dreams. ' Absurdity in dreams! It is astonishing how often you appear in them. In the *non vixit* dream I find I am delighted to have survived you.' (299). After all Fliess had not undergone an analytic process, and his amusement at the tricks of Freud's unconscious could at best have been sour-sweet. As a result of Freud's free description of his self-analysis with all its transitory pathology Fliess accuses him of ' thought-reading ' (334) his own conflicts into his patients'; and Freud indicates that with this assumption Fliess tries to cover his own resistance. Freud does not believe Fliess's theory of left-handedness, and Fliess indicates that Freud may be left-handed himself—which Freud discusses most circumspectly, admitting that he had, in fact, ' two left hands ' (243). There is no use looking for blame here: men who lionize one another are apt to turn on each other in the defence of their intellectual offspring. But it is noteworthy that here for the first time interpretations concerning the correspondent's unconscious motivations enter the argumentation ' ad hominem '. On Freud's part, the partial understanding of his own irrational motivations appears to have contributed to a new sense of the tragic in human affairs (fate understood yet not escaped), while Fliess seems to have maintained a certain conventional indignation, followed years later by a clearly paranoid public defence of his priorities.

With ordinary men this is where the unsavoury matter would come to a gradual, forever uncomfortable rest. Freud's nature, and the nature of this friendship, led to the expression and documentation of one more significant crisis. Utterly disappointed over the fact that *The Interpretation of Dreams* was met with complete silence by colleagues and public (' not a leaf has stirred ') Freud seems temporarily to have despaired of his medical way of life: and ' When I am not . . . master of myself . . . every single one of my patients is a tormenting spirit to me '. (312). In March of 1900, again with the approach of Easter time, another deeply moving letter goes out to Fliess: ' I must not smoke heavy cigars, alcohol does not mean anything to me, I have finished with begetting children, and I am cut off from contact with people '. (312). Fliess offers a congress at Easter time, but this time Freud refuses. ' It is more probable that I shall avoid you. . . . I conquered my depression with the aid of a special intellectual diet, and now . . . it is slowly healing. In your company . . . your fine and positive biological discoveries would rouse my innermost (impersonal) envy. . . . I should unburden my woes to you and come back dissatisfied . . . no one can help me in what depresses me, it is my cross, which I must bear. . . .' (314).

The particular nature of this cross, namely, the necessity to recognize major laws of psychology in and through his own conflicts, again becomes clear one month later. For he suddenly reports that he has recognized his patients' universal tendency to prolong the treatment and the dependence on the analyst as ' an inherent feature and . . . connected with the transference . . . such prolongation is a compromise between illness and health which patients themselves desire, and . . . the physician must therefore not lend himself to it.' (317). It is clear that he has now recognized the ' secondary gain ' in his friendship as well; that he has now become his own physician who will determine his own ' Diät in intellectuellen Dingen ', and that he will refuse to permit himself a further indulgence into the transference to Fliess although he will sorely miss him as ' mein einziges Publicum ' [' my one audience '] (342). With this he sacrifices the deepest kind of friendship, for ' there can be no substitute for the close contact with a friend which a particular—almost feminine—side of me calls for '. (318).

Freud now had to become his own father, and, as it were, the father of a people of his own. No other conclusion would, I think, do justice to the turn which this last crisis takes in the letters. It is as if Freud now had to take upon himself a depressively resigned orientation not uncommon for much older Jews who feel that they have wanted (and conquered) too much of a world that would never be theirs to keep. In some kind of filial integrity crisis, they have to take the curse of their people upon themselves. Calling himself a 'shabby old Jew' (319) ['Israelit' is the original word, with a stronger connotation of geographic displacement] he speaks with the words of a latter-day Moses: 'it will be a fitting punishment for me that none of the unexplored regions of the mind in which I have been the first mortal to set foot will ever bear my name or submit to my laws.' (318).

In July of 1900, one more congress takes place. Fliess reports that Freud now expressed a shockingly violent opposition to Fliess's contention that periodicity, rather than psychoanalysis, brought about sudden deteriorations or improvements in the patients. Fliess interpreted it all as an outcome of that envy which he had noticed at some earlier time in Vienna, and which he had, at the time, reported to his wife and to 'Frau Hofkapellmeister Schalk, neé Hopfen, who will gladly confirm it'. (324).

In September, 1901, Freud visits Rome. His tender and sober description of this much delayed wish-fulfilment is the second to the last long letter in the (published) correspondence. The last is the report on the steps which Freud subsequently took to assure himself that clinical professorship which was to put the practice of his speciality on a sound social and economic basis. 'Others are just as clever, without having to go [the German says 'to come'] to Rome first.' (344). The last letters, now again letters of one doctor to another, do not reach into that time of Freud's life when the inner empire of psycho-analysis itself replaced the Romes ('die römischen Träume') of his early aspirations.

VIII

In the course of this review I have found it necessary to correct the translation of a few strategic utterances. I should make it clear that the translation, on the whole, is readable and accurate. It establishes, in these many-layered communications, a safe level of discourse, and sticks to it; to be more accurate would have meant to be less readable. Yet, the lovers of Freud's German style which becomes more freely Viennese in some of the letters will mourn the loss of many an astonishing turn of phrase. Of English-speaking psychologists only William James could have matched the manly abundance and tender strength of expression, the courage of precision, the play of literary allusions, colloquialisms, and neologisms, which make up Freud's German (for which, after all, he received the Goethe prize); but James would have made James of it all. Goetheisms such as 'Dämmergedanken, Schleierzweifel' ('cloudy thoughts and veiled doubts') (211) are not translatable. Viennese, native and elective, will admit that such phrases as 'eine zwanzig Individuen starke Kinderjause', are not conducive to translation. They will smile resignedly when 'eine grantige Periode' becomes 'a fit of gloom' (213). As it is, this pleasantly even translation, for the most part, is like a good reproduction in black and white of a many-coloured print.

In some parts, however, more essential tones and shades are missed. In the very first letter Freud speaks of the fact that a patient has left him with 'einiger Pein des Entschliessens' ['some torment of decision']: the translation 'I cannot make up my mind about her' (51) hardly renders the personal urgency which, from then on, will pervade matters of differential diagnosis. In one of the last letters, he dramatically appeals to the fading friend: 'Jetzt sieh einmal an' ['Now look here']. The translation says: 'You see what happens' (272). The very salutations of the letters which in German climb from the equivalents of 'honoured' and 'esteemed' to those of 'dearest', in English range from a formal 'dear' to a more formal 'my dear'. And not even a marginal Viennese would conclude his letters to an intimate friend with 'heartiest' greetings. The German equivalent of 'heartiest' would be 'herzhaft', while Freud's 'herzlichst' is an affectionate 'warmest'.

The reviewer found himself checking a considerable number of phrases which, so he felt, Freud could not have uttered. For example, he could not have said that 'Girls are normally healthy' (69); and indeed he wrote 'das Mädchen ist normalerweise frisch', meaning she enters marriage untouched by neurasthenia. He could not have said 'Happy is he who does not outlive his reputation' (81); and indeed, he says that such a deceased one is 'beneidenswert' = 'enviable'. He could not have said to Fliess

that he always found comfort ' in relying on your judgement ' (288); and indeed, he found such comfort in the ' Zuversicht Deiner Äusserungen ', meaning in the ' self-assurance of your judgements '. Freud could not have said: ' I can hardly tell you how many things I (a new Midas) turn into—filth ' (240). He said instead, ' How many things . . . turn to filth before my eyes ' (' was sich mir in Dreck auflöst! '). It would seem inconceivable that Freud could say, ' When I am not afraid I can take on all the devils in hell ' (183). And indeed, this bit of translation does injustice to the man *and* to his theory, for he wrote ' When I happen to be free of anxiety ' (' Wenn ich gerade keine Angst habe '). If, on the whole, my criticisms of the translation seem quibbling, they are meant to indicate in how many different ways a translation can fail to fathom all the nuances of Freud's surprising personal style, and that he who wishes to quote in order to make a point, had better first consult the German. This does not apply to Mr. Strachey's both accurate and felicitous translation of the difficult theoretical parts, the original style of which is, of course, more impersonally precise.

To summarize a summary, the letters and drafts contained in this volume show the reflection in a correspondence of the fabric that creative thought is made of. We see mirrored in a correspondence-personality the inner relationship of a man's thoughts to the main currents of his time, and that of a man's gifts to his inner motivations. This correspondence does much to dispel that nebulous uncertainty which surrounded the origin of psycho-analysis and easily led to the impression that our science had issued from Freud's head as did Athene from Zeus'. Since from such an image we have derived some reflected omnipotence, this book is somewhat of a trauma, albeit beneficial if slowly absorbed. To neutralize its immediate impact we may feel tempted to highlight the neurotic in it or the creative, the infantile or the great, the emotional or the intellectual, the medical or the psychological. To this Freud, if he cared, could say with (Prof. Cornford's) Pythagoras: ' What is your warrant for valuing one part of my experience and rejecting the rest? . . . If I had done so, you would never have heard my name.'

METAPSYCHOLOGICAL AND CLINICAL ASPECTS OF REGRESSION WITHIN THE PSYCHO-ANALYTICAL SET-UP[1]

By D. W. WINNICOTT, London

Synopsis

Attention is drawn to the subject of regression as it occurs in the psycho-analytic setting. Case reports of successful psychological treatments of adults and children show that techniques that allow of regression are increasingly being used. It is the psycho-analyst, familiar with the technique required in treatment of psycho-neurosis, who can best understand regression and the theoretical implication of the patient's expectations that belong to the need to regress.

Regression can be of any degree, localized and momentary, or total and involving a patient's whole life over a phase. The less severe regressions provide fruitful material for research.

Emerging from such study comes a fresh understanding of the 'true self' and 'false self', and of the 'observing ego', and of the ego-organization which enables regression to be a healing mechanism, one that remains potential unless there be provided a new and reliable environmental adaptation which can be used by the patient in correction of the original adaptive failure.

Here the therapeutic work in analysis links up with that done by child care, by friendship, by enjoyment of poetry, and cultural pursuits generally. But psycho-analysis can allow and use the hate and anger belonging to the original failure, important effects which are liable to destroy the value of therapeusis brought about by non-analytic methods.

On recovery from regression the patient, with the self now more fully surrendered to the ego, needs ordinary analysis as designed for the management of the depressive position and of the Oedipus complex in interpersonal relationships. For this reason, if for no other, the student should acquire proficiency in the analysis of the carefully-chosen non-psychotic before proceeding to the study of regression. Preliminary work can be done, however, by a study of the setting in classical psycho-analysis.

Aim

It is my aim in writing this paper to bring forward for discussion the matter of regression as it appears in the course of psycho-analysis.

The study of the place of regression in analytic work is one of the tasks Freud left us to carry out, and I think it is a subject for which this Society is ready. I am trying to put something into words, something which belongs to psycho-analysis to-day, and I base this idea on the fact that material relevant to the subject occurs frequently in papers read before the Society. Usually attention is not specifically drawn to this aspect of our work, or else it is referred to casually under the guise of the intuitive or 'art' aspect of psycho-analytic practice.

The subject of regression is one that has been forced on my attention by certain cases during the past dozen years of my clinical work. It is, of course, too vast for full presentation here and now. I shall choose therefore those aspects that seem to me to introduce the discussion in a fruitful way.

Preliminary Considerations

Analysis is not only a technical exercise. It is something that we become able to do when we have reached a stage in acquiring a basic technique. What we become able to do enables us to co-operate with the patient in following the *process*, that which in each patient has its own pace and which follows its own course; all the important features of this process derive from the patient and not from ourselves as analysts.

Let us therefore clearly keep before our minds the difference between technique and the carrying through of a treatment. It is possible to carry through a treatment with limited tech-

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nique, and it is possible with highly developed technique to fail to carry through a treatment.

Let us also bear in mind that by the legitimate method of careful choice of case we may and usually do avoid meeting aspects of human nature that must take us beyond our technical equipment.

Classification

Choice of case implies classification. For my present purpose I group cases according to the technical equipment they require of the analyst. I divide cases into the following three categories. *First* there are those patients who operate as whole persons and whose difficulties are in the realm of interpersonal relationships. The technique for the treatment of these patients belongs to psycho-analysis as it developed in the hands of Freud at the beginning of the century.

Then *secondly* there come the patients in whom the wholeness of the personality only just begins to be something that can be taken for granted; in fact one can say that analysis has to do with the first events that belong to and inherently and immediately follow not only the achievement of wholeness but also the coming together of love and hate and the dawning recognition of dependence. This is the analysis of the stage of concern, or of what has come to be known as the "depressive position". These patients require the analysis of mood. The technique for this work is not different from that needed by patients in the first category; nevertheless some new management problems do arise on account of the increased range of clinical material tackled. Important from our point of view here is the idea of the *survival of the analyst* as a dynamic factor.

In the *third* grouping I place all those patients whose analyses must deal with the early stages of emotional development before and up to the establishment of the personality as an entity, before the achievement of space-time unit status. The personal structure is not yet securely founded. In regard to this third grouping, the accent is more surely on management, and sometimes over long periods with these patients ordinary analytic work has to be in abeyance, management being the whole thing.

To recapitulate in terms of environment, one can say that in the first grouping we are dealing with patients who develop difficulties in the ordinary course of their home life, assuming a home life in the pre-latency period, and assuming satisfactory development at the earlier infantile stages. In the second category, the analysis of the depressive position, we are dealing with the mother-child relationship especially around the time that weaning becomes a meaningful term. The mother holds a situation in time. In the third category there comes primitive emotional development, that which needs the mother actually holding the infant.

Case

Into the last of these three categories falls one of my patients who has perhaps taught me most about regression. On another occasion I may be able to give a full account of this treatment, but at present I must do little more than point out that I have had the experience of allowing a regression absolutely full sway, and of watching the result.

Briefly, I have had a patient (a woman now fifty) who had had an ordinary good analysis before coming to me but who obviously still needed help. This case had originally presented itself as one in the first category of my classification, but although the diagnosis of psychosis would never have been made by a psychiatrist, an analytical diagnosis needed to be made that took into account a very early development of a false self. The false self had played into the analysis of hysteria. For treatment to be effectual, there had to be a regression in search of the true self. Fortunately in this case I was able to manage the whole regression myself, that is to say, without the help of an institution. I decided at the start, six and a half years ago, that the regression must be allowed its head, and no attempt, except once near the beginning, was made to interfere with the regressive process which followed its own course. (The one occasion was an interpretation I made, arising out of the material, of oral erotism and sadism in the transference. This was correct but about six years too early and out of place because of the regression of the patient that I did not yet fully believe in. For my own sake I had to test the effect of one ordinary interpretation. When the time came for the interpretation it had become unnecessary). It was a matter of about three or four years before the depth of the regression was reached, following which there started up a progress in emotional development. There has been no new regression. There has been an absence of chaos, though chaos has always threatened.

I have therefore had a unique experience even for an analyst. I cannot help being different from what I was before this analysis started. Non-analysts would not know the tremendous amount that this kind of experience of *one* patient can teach, but amongst analysts I can expect it to be fully understood that this one experience that I have had has tested psychoanalysis in a special way, and has taught me a great deal.

The treatment and management of this case has

called on everything that I possess as a human being as a psycho-analyst, and as a pediatrician. I have had to make personal growth in the course of this treatment which was painful and which I would gladly have avoided. In particular I have had to learn to examine my own technique whenever difficulties arose, and it has always turned out in the dozen or so resistance phases that the cause was in a counter-transference phenomenon which necessitated further self-analysis in the analyst. It is not my aim in this paper to give a description of this case, since one must choose whether to be clinical or theoretical in one's approach, and I have chosen to be theoretical. Nevertheless I have this case all the time in mind.

The main thing is that in this case, as in many others that have led up to it in my practice, I have needed to re-examine my technique, even that adapted to the more usual case. Before I explain what I mean I must explain my use of the word regression.

Definition of Regression

For me, the word regression simply means the reverse of progress. This progress itself is the evolution of the individual, psyche-soma, personality and mind with (eventually) character formation and socialization. Progress starts from a date certainly prior to birth. There is a biological drive behind progress. It is one of the tenets of psycho-analysis that health implies continuity in regard to this evolutionary progress of the psyche and that health is maturity of emotional development appropriate to the age of the individual, maturity that is to say in regard to this evolutionary process.

Organization Making Regression Possible

On closer examination one observes immediately *that there cannot be a simple reversal of progress.* For this progress to be reversed there has to be in the individual an organization which enables regression to occur.

We see:

(a) A failure of adaptation on the part of the environment that results in the development of a false self.

(b) A belief in the possibility of a correction of the original failure represented by a latent capacity for regression which implies a complex ego organization.

(c) Specialized environmental provision, followed by actual regression.

(d) New forward emotional development, with complications that will be described later.

Incidentally I think it is not useful to use the word regression whenever infantile behaviour appears in a case history. The word regression has derived a popular meaning which we need not adopt. When we speak of regression in psycho-analysis we imply the existence of an ego organization and a threat of chaos. There is a great deal for study here in the way in which the individual stores up memories and ideas and potentialities. It is as if there is an expectation that favourable conditions may arise justifying regression and offering a new chance for forward development, that which was rendered impossible or difficult initially by environmental failure.

It will be seen that I am considering the idea of regression within a highly organized ego-defence mechanism, one which involves the existence of a false self. In my patient this false self gradually became a 'caretaker self', and only after some years could the caretaker self become handed over to the analyst, and the self surrender to the ego.

One has to include in one's theory of the development of a human being the idea that it is normal and healthy for the individual to be able to defend the self against specific environmental failure by a *freezing of the failure situation.* Along with this goes an unconscious assumption (which can become a conscious hope) that opportunity will occur at a later date for a renewed experience in which the failure situation will be able to be unfrozen and re-experienced, with the individual in a regressed state, in an environment that is making adequate adaptation. The theory is here being put forward of regression as part of a healing process, in fact, a normal phenomenon that can properly be studied in the healthy person. In the very ill person there is but little hope of new opportunity. In the extreme case the therapist would need to go to the patient and actively present good mothering, an experience that could not have been expected by the patient.

There are several ways in which the healthy individual deals with specific early environmental failures; but there is one of them that I am calling here the freezing of the failure situation. There must be a relation between this and the concept of the fixation point.

Regression to Fixation Points

In psycho-analytic theory we often state that in the course of instinct development in the pregenital phases *unfavourable* situations can create

fixation points in the emotional development of the individual. At a later stage, for instance at the stage of genital dominance, that is to say when the whole person is involved in interpersonal relationships (and when it is quite ordinarily Freudian to speak about the Oedipus complex and castration fears), anxiety may lead to a regression in terms of instinct quality to that operative at the fixation point, and the consequence is a reinforcement of the original failure situation. This theory has proved its value and is in daily use, and there is no need to abandon it while at the same time looking at it afresh.

A simple example would be that of a boy whose infancy had been normal, who was given an enema, first by his mother, and then by a group of nurses who had to hold him down, at the time of tonsillectomy. He was then two. Following this he had bowel difficulty but at the age of nine (age at consultation) he appears clinically as a severe case of constipation. In the meantime there has been a serious interference with his emotional development in terms of genital fantasy. In this case there happens to be the complication that the boy has reacted to the giving of the enema as if it had been a revenge on the part of the mother on account of his homosexuality, and what went into repression was the homosexuality and along with it the anal erotic potential. In the analysis of this boy one knows that there would be acting out to be dealt with, a repetition compulsion associated with the original trauma. One knows also that the changes in this boy would not follow a simple re-enactment of the trauma but would follow ordinary Oedipus complex interpretation in the transference neurosis.

I give this as an ordinary case illustrating a symptom which was a regression to a fixation point where a trauma was clearly present.

Regression to Good Experience Patterns

Analysts have found it necessary to postulate that more normally there are *good* pregenital situations to which the individual can return when in difficulties at a later stage. This is a health phenomenon. There has thus arisen the idea of two kinds of regression in respect of instinct development, the one being a going back to an early failure situation and the other to an early success situation.

I think that insufficient attention has been drawn to the difference between these two phenomena. In the case of the environmental failure situation what we see is evidence of *personal defences* organized by the individual and requiring analysis. In the case of the more normal early success situation what we see more obviously is the memory of *dependence*, and therefore we encounter an *environmental situation* rather than a personal defence organization. The personal organization is not so obvious because it has remained fluid, and less defensive. I should mention at this point that I am relying on an assumption which I have often made before and which is by no means always accepted, namely, that towards the theoretical beginning there is less and less of personal failure, eventually only failure of environmental adaptation.

We are concerned, therefore, not merely with regression to good and bad points in the instinct experiences of the individual, but also to good and bad points in the environmental adaptation to ego needs and id needs in the individual's history.

Regression as Reversal of Progress

We can think in terms of genital and pregenital stages of the development of *instinct* quality, we can use the word regression simply as a reversal of progress, a voyage back from genital to phallic, phallic to excretory, excretory to ingestive. But however much we develop our thinking in this direction we have to admit that a great deal of clinical material cannot be fitted into the framework of this theory.

The alternative is to put the accent on ego development and ego-dependence, and in this case when we speak of regression we immediately speak of environmental adaptation in its successes and failures. One of the points that I am trying to make especially clear is that our thinking on this subject has been confused by an attempt to trace back the ego without ourselves evolving as we go an increasing interest in environment. We can build theories of *instinct* development and agree to leave out the environment, but there is no possibility of doing this in regard to formulation of *early ego* development. We must always remember, I suggest, that the end result of our thinking about ego development is primary narcissism. In primary narcissism the environment is holding the individual, and *at the same time* the individual knows of no environment and is at one with it.

If I had time I would point out the way in which an organized regression is sometimes confused by clinicians with pathological withdrawal and defensive splittings of various kinds. These states are related to regression in the sense

that they are defensive organizations. The organization that makes regression useful has this quality distinct from the other defence organizations in that it carries with it the hope of a new opportunity for an unfreezing of the frozen situation and a chance for the environment, that is to say, the present-day environment, to make adequate though belated adaptation.

From this is derived the fact, if it be a fact, that it is from psychosis that a patient can make spontaneous recovery, whereas psycho-neurosis makes no spontaneous recovery and the psycho-analyst is truly needed. In other words, psychosis is closely related to health, in which innumerable environmental failure situations are frozen but are reached and unfrozen by the various healing phenomena of ordinary life, namely friendships, nursing during physical illness, poetry, etc., etc.

Regression to Dependence

It seems to me that it is only lately in the literature that *regression to dependence* has taken its rightful place in clinical descriptions. The reason for this must be that it is only recently that we have felt strong enough in our understanding of individual psyche-soma and mental development to be able to allow ourselves to examine and allow for the part that environment plays.

Regression in the Analytic Situation

I now want to go directly to Freud, and I want to make a somewhat artificial distinction between two aspects of Freud's work. We see Freud developing the psycho-analytic method out of the clinical situation in which it was logical to use hypnosis.

Freud's Own Technique

(a) Choice of Case

Let us look and see what Freud did in choosing his cases. We can say that out of the total psychiatric pool, which includes all the mad people in asylums as well as those outside, he took those cases which had been *adequately provided for in earliest infancy*, the psycho-neurotics. It might not be possible to confirm this by a close examination of the early cases on which Freud did work, but of one thing we can be certain, and this is most important, that Freud's own early personal history was of such a kind that he came to the Oedipus or pre-latency period in his life as a whole human being, ready to meet whole human beings, and ready to deal in interpersonal relationships. His own infancy experiences had been good enough, so that in his self-analysis he could take the mothering of the infant for granted.

Freud takes for granted the early mothering situation and my contention is that *it turned up in his provision of a setting for his work*, almost without his being aware of what he was doing. Freud was able to analyse himself as an independent and whole person, and he interested himself in the anxieties that belong to interpersonal relationships. Later of course he looked at infancy theoretically and postulated pregenital phases of instinct development, and he and others proceeded to work out details and to go further and further back in the history of the individual. This work on the pregenital phases could not come to full fruition because it was not based on the study of patients who needed to regress in the analytic situation.[2]

(b) The Two Aspects

Now I wish to make clear in what way I artificially divide Freud's work into two parts. First, there is the technique of psycho-analysis as it has gradually developed, and which students learn. The material presented by the patient is to be *understood* and to be *interpreted*. And, second, there is the *setting* in which this work is carried through.

The Setting

Let us now glance at Freud's setting. I will enumerate some of the very obvious points in its description.

(1) At a stated time daily, five or six times a week, Freud put himself at the service of the patient. (This time was arranged to suit the convenience of both the analyst and the patient.)

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[2] You will observe that I am not saying that this theoretical work on pregenital instinct could not succeed on account of a lack in Freud of direct contact with infants, because I see no reason why Freud should not have had very good experience as an observer of the mother-infant situation within his own family and his work. Further I am reminded that Freud worked in a children's clinic and made detailed observation on infants when studying Little's disease. The point that I wish to make here is that *fortunately* for us Freud found his interest at the beginning not in the patient's need to regress in the analysis but in what happens in the analytic situation when regression is *not* necessary and when it is possible to take for granted the work done by the mother and by the early environmental adaptation in the individual patient's past history.

(2) The analyst would be reliably there, in time, alive, breathing.

(3) For the limited period of time prearranged (about an hour) the analyst would keep awake and become preoccupied with the patient.

(4) The analyst expressed love by the positive interest taken, and hate in the strict start and finish and in the matter of fees. Love and hate were honestly expressed, that is to say not denied by the analyst.

(5) The aim of the analysis would be to get into touch with the process of the patient, to understand the material presented, to communicate this understanding in words. Resistance implied suffering and could be allayed by interpretation.

(6) The analyst's method was one of objective observation.

(7) This work was to be done in a room, not a passage, a room that was quiet and not liable to sudden unpredictable sounds, yet not dead quiet and not free from ordinary house noises. This room would be lit properly, but not by a light staring in the face, and not by a variable light. The room would certainly not be dark and it would be comfortably warm. The patient would be lying on a couch, that is to say comfortable if able to be comfortable, and probably a rug and some water would be available.

(8) The analyst (as is well known) keeps moral judgement out of the relationship, has no wish to intrude with details of the analyst's personal life and ideas, and the analyst does not wish to take sides in the persecutory systems even when these appear in the form of real shared situations, local, political, etc. Naturally if there is a war or an earthquake or if the king dies the analyst is not unaware.

(9) In the analytic situation the analyst is much more reliable than people are in ordinary life; on the whole punctual, free from temper tantrums, free from compulsive falling in love, etc.

(10) There is a very clear distinction in the analysis between fact and fantasy, so that the analyst is not hurt by an aggressive dream.

(11) An absence of the talion reaction can be counted on.

(12) The analyst survives.

Analyst Behaves

A good deal more could be said, but the whole thing adds up to the fact that the analyst *behaves* himself or herself, and behaves without too much cost simply because of being a relatively mature person. If Freud had not behaved well he could not have developed the psycho-analytic technique or the theory to which the use of his technique led him. This is true however clever he might at the same time have been. The main point is that almost any one detail can be found to be of extreme importance at a specific phase of an analysis involving some regression of the patient.

There is rich material here for study, and it will be noted that there is a very marked similarity between all these things and the ordinary task of parents, especially that of the mother with her infant or with the father playing a mother role, and in some respects with the task of the mother at the very beginning.

Let me add that for Freud there are three people, one of them excluded from the analytic room. If there are only two people involved then there has been a regression of the patient in the analytic setting, and the setting represents the mother with her technique, and the patient is an infant. There is a further state of regression in which there is only one present, namely the patient, and this is true even if in another sense, from the observer's angle, there are two.

Thesis

My thesis up to this point can be stated thus:

A. Psychotic illness is related to environmental failure at an early stage of the emotional development of the individual. The sense of futility and unrealness belongs to the development of a false self which develops in protection of the true self.

B. The setting of analysis reproduces the early and earliest mothering techniques. It invites regression by reason of its reliability.

C. The regression of a patient is an organized return to early dependence or double dependence. The patient and the setting merge into the original success situation of primary narcissism.

D. Progress from primary narcissism starts anew with the true self able to meet environmental failure situations without organization of the defences that involve a false self protecting the true self.

E. To this extent psychotic illness can only be relieved by specialized environmental provision interlocked with the patient's regression.

F. Progress from the new position, with the true self surrendered to the total ego, can now be studied in terms of the complex processes of individual growth.

In practice there is a sequence of events:

(1) The provision of a setting that gives confidence.
(2) Regression of the patient to dependence, with due sense of the risk involved.
(3) The patient feeling a new sense of self, and the self hitherto hidden becoming surrendered to the total ego. A new progression of the individual processes which had stopped.
(4) An unfreezing of an environmental failure situation.
(5) From the new position of ego strength, anger related to the early environmental failure, felt in the present and expressed.
(6) Return from regression to dependence, in orderly progress towards independence.
(7) Instinctual needs and wishes becoming realizable with genuine vitality and vigour.

All this repeated again and again.

Psychosis: Organized or Chaotic

Here a comment must be made on the diagnosis of psychosis.

In consideration of a group of mad people there is a big distinction to be drawn between those whose defences are in a chaotic state, and those who have been able to organize an illness. It must surely be that when psycho-analysis comes to be applied to psychosis it will be more likely to succeed where there is a highly organized illness. My own personal horror of leucotomy and suspicion of E.C.T. derives from my view of psychotic illness as a defensive organization designed to protect the true self; and also, from my feeling that apparent health with a false self is of no value to the patient. Illness, with the true self well hidden away, however painful, is the only good state unless we can go back with the patient as therapists and displace the original environmental-failure situation.

Clinical Regression and Flight to Sanity

Another consideration follows naturally here. In a group of psychotic patients there will be those who are clinically regressed and those who are not. It is by no means true that the clinically regressed are the more ill. From the psychoanalyst's point of view it may be easier to tackle the case of a patient who has had a breakdown than to tackle a comparable case in a state of flight to sanity.

It takes a great deal of courage to have a breakdown, but it may be that the alternative is a *flight to sanity*, a condition comparable to the manic defence against depression. Fortunately in most of our cases the breakdowns can be caught within the analytic hours, or they are limited and localized so that the social milieu of the patient can absorb them or cope with them.

Elucidation

A. To clarify the issue I wish to make a few comparisons. The couch and the pillows are there for the patient's use. They will appear in ideas and dreams and then will stand for the analyst's body, breasts, arms, hands, etc., in an infinite variety of ways. In so far as the patient is regressed (for a moment or for an hour or over a long period of time) the couch *is* the analyst, the pillows *are* breasts, the analyst *is* the mother at a certain past era. In the extreme it is no longer true to say the couch stands for the analyst.

B. It is proper to speak of the patient's *wishes*, the wish (for instance) to be quiet. With the regressed patient the word wish is incorrect; instead we use the word *need*. If a regressed patient *needs* quiet, then without it nothing can be done at all. If the need is not met the result is not anger, only a reproduction of the environmental failure situation which stopped the processes of self growth. The individual's capacity to ' wish ' has become interfered with, and we witness the reappearance of the original cause of a sense of futility.

C. The regressed patient is near to a reliving of dream and memory situations; an acting out of a dream may be the way the patient discovers what is urgent, and talking about what was acted out follows the action but cannot precede it.

D. Or take the detail of being on time. The analyst is not one who keeps patients waiting. Patients dream about being kept waiting and all the other variations on the theme, and they can be angry when the analyst is late. This is all part of the way the material goes. But patients who

regress are different about the initial moment. There come phases when everything hangs on the punctuality of the analyst. If the analyst is there ready waiting, all is well—if not, well then both analyst and patient may as well pack up and go home, since no work can be done. Or, if one considers the patient's own unpunctuality, a neurotic patient who is late may perhaps be in a state of negative transference. A depressive patient is more likely by being late to be giving the analyst a little respite, a little longer for other activities and interests (protection from aggression, greed).

The psychotic (regressive) patient is probably late because there is not yet established any hope that the analyst will be on time. It is futile to be on time. So much hangs on this detail that the risk cannot be taken, so the patient is late; therefore no work gets done.

E. Again, neurotic patients like to have the third person always *excluded*, and the hate roused by sight of other patients may disturb the work in unpredictable ways. Depressive patients may be glad to see other patients till they reach the primitive or greedy love, which engenders their guilt. Regressive patients either have no objection to there being other patients or else they cannot conceive of there being another patient. Another patient is none other than a new version of the self.

F. A patient curls up on the couch and rests the head on the hand and seems warm and contented. The rug is right over the head. The patient is alone. Of course we are used to all varieties of angry withdrawal, but the analyst has to be able to recognize this *regressive* withdrawal in which he is not being insulted but is being used in a very primitive and positive way.

G. Another point is that regression to dependence is part and parcel of the analysis of early infancy phenomena, and if the couch gets wetted, or if the patient soils, or dribbles, we know that this is inherent, not a complication. Interpretation is not what is needed, and indeed speech or even movement can ruin the process and can be excessively painful to the patient.

The Observer Self

An important element in this theory is the postulate of the observing ego. Two patients very similar in their immediate clinical aspect may be very different in regard to the degree of organization of the observer ego. At one extreme the observing ego is almost able to identify with the analyst and there can be a recovery from the regression at the end of the analytic hour. At the other extreme there is very little observing ego, and the patient is unable to recover from the regression in the analytic hour, and must be nursed.

Acting Out

Acting out has to be tolerated in this sort of work, and with the acting out in the analytic hour the analyst will find it necessary to play a part, although usually in token form. There is nothing more surprising both to the patient and to the analyst than the revelations that occur in these moments of acting out. The actual acting out in the analysis is only the beginning, however, and there must always follow a putting into words of the new bit of understanding. There is a sequence here:

(1) A statement of what happened in the acting out.

(2) A statement of what was needed of the analyst. From this can be deduced:

(3) What went wrong in the original environmental failure situation.

This produces some relief, but there follows:

(4) Anger belonging to the original environmental failure situation. This anger is being felt perhaps for the first time, and the analyst may now have to take part by being used in respect of his failures rather than of his successes. This is disconcerting unless it is understood. The progress has been made through the analyst's very careful attempt at adaptation, and yet it is the *failure* that at this moment is singled out as important on account of its being a reproduction of the original failure or trauma. In favourable cases there follows at last:

(5) A new sense of self in the patient and a sense of the progress that means true growth. It is this last that must be the analyst's reward through his identification with his patient. Not always will a further stage arrive in which the patient is able to understand the strain which the analyst has undergone and is able to say thank-you with real meaning.

Environmental Adaptation and Strain

This strain on the analyst is considerable, especially if lack of understanding and unconscious negative countertransference complicates the picture. On the other hand, I can say that in this particular treatment I have never felt bewildered, and this is to some extent a compensation. The strain can be quite simple.

In one vitally important hour near the beginning of the treatment I remained and knew I must remain absolutely still, only breathing. This I found very difficult indeed, especially as I did not yet know the special significance of the silence to my patient. At the end the patient came round from the regressed state and said: ' Now I know you can do my analysis.'

Organized Regression to Dependence

The idea is sometimes put forward: of course everyone wants to regress; regression is a picnic; we must stop our patients from regression; or, Winnicott likes or invites his patients to regress.

Let me make some basic observations on the subject of organized regression to dependence.

(1) This is always extremely painful for the patient,
   (a) at one extreme is the patient who is fairly normal; here pain is experienced almost all the time;
   (b) midway we find all degrees of painful recognition of the precariousness of dependence and of double dependence;
   (c) at the other extreme is the mental hospital case; here the patient presumably does not suffer at the time on account of dependence. Suffering results from sense of futility, unrealness, etc.

   This is not to deny that in a localized way extreme satisfaction can be derived from the regression experience. This satisfaction is not sensuous. It is due to the fact that regression reaches and provides a starting-place, what I would call a *place* from which to operate. The self is reached. The subject becomes in touch with the basic self-processes that constitute true development, and what happens from here is felt as real. The satisfaction belonging to this is so much more important than any sensuous element in the regression experience that the latter need not be more than mentioned in this connection.

(2) There are no reasons why an analyst should *want* a patient to regress, except grossly pathological reasons. If an analyst likes patients to regress, this must eventually interfere with the management of the regressed situation. Further, psycho-analysis which involves clinical regression is very much more difficult all along than that in which no special adaptive environmental provision has to be made. In other words it would be pleasant if we were to be able to take for analysis only those patients whose mothers at the very start and also in the first months had been able to provide good enough conditions. But this era of psycho-analysis is steadily drawing to a close.

Analysts' Reactions to Localized Regressions

But the question arises, what do analysts do when regression (even of minute quantity) turns up?

(1) Some crudely say: Now sit up! Pull your socks up! Come round! Talk! etc.

   But this is not psycho-analysis.

(2) Some divide their work into two parts, though unfortunately they do not always fully acknowledge this:
   (a) they are strictly analytic (free association in words; interpretation in words; no reassurances);
   and also
   (b) they act intuitively.

   Here comes the idea of psycho-analysis as an *art*.

(3) Some say: unanalysable, and throw up the sponge. A mental hospital takes over.

The idea of psycho-analysis as an art must gradually give way to a study of environmental adaptation relative to patients' regressions. But while the scientific study of environmental adaptation is undeveloped, then I suppose analysts must continue to be artists in their work. An analyst may be a good artist, but (as I have frequently asked): what patient wants to be someone else's poem or picture?

Caution

I know from experience that some will say: all this leads to a theory of development which ignores the early stages of the development of the individual, which ascribes early development to environmental factors. This is quite untrue.

In the early development of the human being the environment that behaves well enough (that makes good enough active adaptation) *enables personal growth to take place*. The self processes then may continue active, in an unbroken line of living growth. If the environment behaves not well enough, then the individual is engaged in reactions to impingement, and the self processes are interrupted. If this state of affairs reaches a quantitative limit the core of the self begins to get protected; there is a hold-up, the self cannot make new progress unless and until the environment failure situation is corrected in the way I have described. With the true self protected there develops a false self built on a defence-compliance basis, the acceptance of reaction to impingement. The development of a false self is one of *the most successful defence organizations* designed for the protection of the true self's core, and its existence results in the sense of futility. I would like to repeat myself and to say that while the individual's operational centre is in the false self there is a sense of futility, and in practice we find the change to the feeling that life is worth while coming at the moment of shift of the operational centre from the false to the true self, even before full surrender of the self's core to the total ego.

From this one can formulate a fundamental principle of existence: that which proceeds from the true self feels real (later good) whatever its nature, however aggressive; that which happens in the individual as a reaction to environmental impingement feels unreal, futile (later bad), however sensually satisfactory.

Regression and Reassurance

Lastly, let us examine the concept of regression by putting up against it the concept of reassurance. This becomes necessary because of the fact that the adaptive technique that must meet a patient's regression is often classed (wrongly, I am sure) as reassurance.

We assume that reassurance is not part of the psycho-analytic technique. The patient comes into the analytic setting and goes out of it, and within that setting there is no more than interpretation, correct and penetrating and well-timed.

In teaching psycho-analysis we must continue to speak against reassurance.

As we look a little more carefully, however, we see that this is too simple a language. It is not just a question of reassurance and no reassurance.

In fact, the whole matter needs examination. What is a reassurance? What could be more reassuring than to find oneself being well analysed, to be in a reliable setting with a mature person in charge, capable of making penetrating and accurate interpretation, and to find one's personal process respected? It is foolish to deny that reassurance is present in the classical analytic situation.

The whole set-up of psycho-analysis is one big reassurance, especially the reliable objectivity and behaviour of the analyst, and the transference interpretations constructively using instead of wastefully exploiting the moment's passion.

This matter of reassurance is much better discussed in terms of *countertransference*. Reaction formations in the behaviour of the analyst are harmful not because they appear in the form of reassurances and denials but because they represent repressed unconscious elements in the analyst, and these mean limitation of the analyst's work.

What would be said of an analyst's *inability* to reassure? If an analyst were himself suicidal? *A belief in human nature and in the developmental process exists in the analyst* if work is to be done at all, and this is quickly sensed by the patient.

There is no value to be got from describing regression to dependence, with its concomitant environmental adaptation, in terms of reassurance, just as there is a very real point in considering harmful reassurance in terms of countertransference.

Practical Applications

What, if anything, am I asking analysts to do about these matters in their practical work?

(1) I am *not* asking them to take on psychoti patients.

(2) Nothing I have said affects the principles of ordinary practice in so far as
   (a) the analyst is in the first decade of his analytic career;
   (b) the case is a true neurotic (not psychotic).

(3) I do suggest that while analysts are waiting to be in a position, through their increasing personal experience, to tackle a case in which regression must occur, there is much they can do to prepare themselves. They can:
   (a) watch the operation of setting factors;

(b) watch the minor examples of regression with natural termination that appear in the course of analytic sessions, and

(c) watch and use the regressive episodes that occur in the patient's life outside analysis, episodes, I may say, which are usually wasted, much to the impoverishment of the analysis.

The main result of the ideas I am putting forward, if they are accepted, will be a more accurate rich and profitable use of the setting phenomena in ordinary analyses of non-psychotics, resulting, I believe, in a new approach to the understanding of psychosis, and its treatment by psycho-analysts doing psycho-analysis.

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A PRESUMPTIVELY TELEPATHIC-PRECOGNITIVE DREAM DURING ANALYSIS

By EMILIO SERVADIO, Rome

The following is an example of a ' paranormal ' occurrence during analysis such as has been repeatedly observed and reported by Freud, Hollos, H. Deutsch, Burlingham, Ehrenwald, Fodor, Eisenbud, Pederson-Krag, Gillespie, Rubin, myself, and others (see References at end). I consider it particularly interesting for the following main reasons: (1) Because of the admixture of ' telepathic ' and ' precognitive ' elements in the analytic material (a dream); (2) because it seems to me that the material itself can be satisfactorily explained and fully justified in a psychodynamic frame of reference *only* if we take the aforesaid elements into account; (3) because the case shows once more that the ' paranormal ' material which inserts itself into a psychological situation is submitted—as Freud first indicated—to the laws and mechanisms of the primary process; (4) because the case itself shows the particular importance in such occurrences of the transference-counter-transference relation.

The dreamer, whom I shall call A, is a patient in his thirties, suffering from an obsessional neurosis and labouring under the delayed influence of an emotionally ' dry ' childhood. His main symptomatic defences and phantasies concern ideas of contamination and infection by ' worms ' and other intestinal parasites, of venereal diseases, etc. When he had the dream, analysis had just started afresh after an interval of about one month due to my summer holidays. A is in a phase of negative transference, and his main complaint is that the analyst is ' distant ', ' aloof ', ' academic ', etc., and is not getting really deep into his problems. Interpretations of this attitude as being an unconscious repetition of his infantile dissatisfaction concerning his father (whose ways of thinking and behaving in fact indicated a notable lack of contact with reality) and his mother (who gave the patient plenty of food and material comfort, but little emotional warmth and very little understanding) have so far been unsuccessful.

The dream occurred on the night between 27 and 28 August, 1953. It was reported to me by the patient on the evening of the 29th, as follows:

' I was near your house, but it was not the real one. It was like a cottage in a suburb of a California city, with a small garden in the front. It seemed to me that your maid, N, had placed a bowl of Italian noodles near the garden gate. I went for this dish, feeling hungry, cold, and miserable. I was wearing only a pair of shorts. While I was approaching the bowl, I saw a car coming. I knew that you and your wife were inside. I got alarmed, and ran away.

'The dream then changes. I was inside the house, seeing your wife from behind. She had three daughters with her: one I knew to be your fourteen-year-old daughter, whom I have seen once or twice (she was prettier than in reality). The others were two very pretty blonde girls: one looked about eight years old, the other about three or four. I still felt miserable and neglected, although I seemed to know that your family was nice and had nothing particular against me.'

The associations produced by A immediately after telling me his dream were the following:

Noodles: ' Italian *vermicelli*, meaning literally little worms. I have avoided eating noodles lately, because they are fattening.'

California cottage: ' A small house in California near the sea. It belonged to my uncle E. I was there in 1931 or 1932. It was very small and uncomfortable, with many promiscuous people coming and going. I was sick while I was staying there. This reminds me of another severe illness which occurred when I was three and a half years old. I seemed " Christianly resigned " to die, and was showing this attitude to my mother. Once I woke up in a panic, at night, and said I knew that my father wanted to murder me.'

The maid N: ' Of course, I see her every time I come here. I have never dreamt about her before.'

Analyst's wife: No associations.

The three girls: No associations.

If we were to interpret this dream along the usual lines, without taking into account several elements which will be mentioned later, it might be possible to state that the patient has transferred into the analytical setting (involving the analyst's family and milieu) his oral infantile claims and is complaining that he is being neglected and emotionally starved by his parents. The ' parents ' (analyst and wife in the transference) go around in a car (= have

sexual and other pleasures) while their 'son' is left starving, half-naked, and is treated like a dog. They even disturb his very timid attempts to reach the food so ungraciously offered. The 'mother' (analyst's wife) is busy with other children (the patient has several siblings) and turns her back on him. What can a child do but feel miserable and wish he were dead?

One could implement this interpretation by introducing the well-known symbolic relation house = woman (mother) and by stating that in all probability the 'bowl of noodles' is a symbolic representation of the (unsatisfactory) breast. The 'garden' near the house is, of course, a feminine 'area', where genital and anal representations seem to overlap. Seeing my wife from behind, in the second part of the dream, can also mean, besides the charge against a mother who 'turns her back' to her child, a libidinal wish concerning her 'behind'. The dream shows, among other things, that the patient's preoccupations about 'worms', etc., have—as well as the obvious anal implications—an oral origin. They are, at bottom, the first disturbing or dangerous, although unavoidable, 'incorporated objects' (milk, faeces, etc.).

However, many elements of the aforesaid dream seem still to remain quite unaccounted for. I shall mention them one by one: (1) the bowl of noodles (why just this symbol and not another one?; the association with the 'vermicelli' does not seem to explain it in full); (2) the little house with the garden (it does not correspond to the analyst's house, is not the house of A's parents, and is only superficially compared to a house in California); (3) the three girls (the analyst has only one daughter; the patient's siblings do not correspond to the 'sisterly images' of the dream, either in number or sex or age); (4) the analyst, his wife, his maid, etc. (whose behaviour, as far as the patient's conscious knowledge goes, does not in the least resemble, or justify, the details of the manifest content of the dream).

Let us now consider a few facts on which the patient had no information whatsoever, either because they were completely outside his knowledge, or because they had not yet occurred when he had his dream.

(1) As was pointed out, when A had his dream I had just come back from my holidays, which I had spent with my wife travelling in various foreign countries. A had no reason to suppose that my wife had left home again; even less, that she had actually gone to a place near the sea, where she was living in a small house with a little garden, together with our daughter and two little nieces, very pretty and blonde, one of eight, the other of three and a half years of age—exactly as pictured in his dream!

(2) On my coming back to Rome, I had several personal and domestic problems to face, and—my wife having left again almost immediately—no one with whom to discuss them. The fact that my wife has her own office-work during the day, and has to keep to a regular routine, limits our relations to little more than mealtimes and from night to morning. I do not like taking my meals alone, but I had to do so while my wife and daughter were absent, and I was certainly not indifferent to the fact that *for about a week it was a maid-servant, and not my wife, who attended to my alimentary needs* according to her own judgement, offered me the dishes, and exchanged a few casual words with me at lunch or at dinner. To this particular deprivation caused by my wife's absence, I should add of course the frustration of my affectionate feelings and sexual wishes. In a way, I might have felt somewhat 'abandoned' and ill-treated, although this did not consciously affect me in any noticeable way, and did not prevent me in the least from carrying on my daily work.

(3) On the evening of 27 August, I had had the pleasure of asking my American colleague, Dr. L. E., and Mrs. E. (who were spending a couple of days in Rome), to have dinner with me the following night. I was especially eager for them to have *some very special Italian noodles* in a particular Roman restaurant, internationally known for this dish. Two other members of the Italian Psycho-Analytical Society joined me in this reception of our distinguished guests: a reception which, as I have indicated, was planned on the evening before the night of the dream (while I was dining with Dr. and Mrs. E at their hotel). It will be remembered that the dream of my patient occurred during the night between 27 and 28 August.

(4) In order to be in time for my engagement with Dr. E, I had to cancel my appointment with A, which had been scheduled for 28 August at 8 p.m. After having tried unsuccessfully to get in touch with A by telephone, at about 5 p.m. on 28 August *I finally sent my maid N to his flat* with a message, asking him not to come at the appointed hour. This was the first and only time I had ever sent my maid to A's place, during the two years of our relationship. In A's dreams, as already stated, my maid had never appeared before. She did appear, however, in the dream he had immediately before the exceptional occurrence just described.

Summarizing the last points: the patient could have had no notion: (*a*) about the absence of my wife; (*b*) about her sojourn near the sea, in a small house with garden; (*c*) about the fact that she was staying with our daughter, plus two little girls of just eight and three and a half years of age, respectively; (*d*) about my own emotional reactions to having been 'neglected'; (*e*) about my offer of noodles to people I liked; (*f*) about the imminent interference of my maid in our relation; (*g*) about the fact that I would 'neglect' him (cancel his session) just *because* I wanted to offer a dish of noodles to others!

From a parapsychological viewpoint, I am

inclined to classify items (*a*), (*b*), (*c*), (*d*) and (*e*) as telepathic, whereas items (*f*) and (*g*) seem to me not fully understandable in purely 'telepathic' terms, and to contain some 'precognitive' factor. It is possible, of course, that on the night of 27 August I may have thought vaguely of cancelling A's session; but most certainly I had *not* thought of sending my maid to him with this announcement. I did so, as stated, only after having vainly tried to call him on the telephone.

In order to see in a clearer light to what extent the acknowledgement of the telepathic-precognitive elements in A's dream can help us toward a fuller understanding of the dream itself, and of its significance in the analytic situation, let us suppose that the aforesaid elements had been known to A through the usual sensory channels. In such a case, the psycho-dynamics of the dream would appear completely justified in every respect. It would be as if the patient, on the basis both of actual impressions *and* of the reactivation of childhood patterns, were complaining to parental substitutes (and to the analyst in the first place) that he was being neglected; that the 'father' (analyst) was thinking intensely and affectionately about the 'mother' (analyst's wife), but not about him, the patient (to whom, in fact, I had sent *only* my maid!); that he (the patient) was offered 'food' in a condescending fashion, as if he were a dog, through a servant, and then prevented by the 'parents' from eating it, whereas the 'father' (analyst) was quite ready to offer the same food to strangers; that 'mother' (analyst's wife), though not hating him, was neglecting him and favouring his 'sisters'; etc.

Now the fact is that A did *not* consciously know all this. His unconscious apparently supplemented his conscious notions with extra-sensorily perceived material, in order to build up a dream which could thus make perfect and complete sense.

We might be satisfied with this, accepting once more the fact that telepathic and/or precognitive dreams do exist, and that the dream-work can utilize 'paranormal' information just as it does day-remnants and other perceptual material. However, in my opinion there is more to be noted. The dynamics of such a dream reveal, as do similar cases reported in the psycho-analytic literature, what was defined by Hollos and myself as an *unmasking* by the patient of emotional psychic material pertaining to the analyst's mind—material which is thus thrown, as it were, in the analyst's face. Viewed from this angle, the dream is a challenge to the analyst's attempt to conceal, or to repress, something which might have appeared—or to a certain extent may have actually been—unfriendly or hostile to the patient (Hollos says that it is the patient who carries out a sort of vicarious parapraxis, substituting himself for the analyst and 'betraying' *him*). I have no difficulty in admitting that in my counter-transference to this patient hostile feelings must have been present. These feelings, as far as I can understand them, were due first of all to the fact that the patient, as previously stated, was in a prolonged phase of resistance, practically frustrating all my efforts to make him aware of the transference elements in his repeated 'attacks' and criticisms concerning myself. But beside 'unmasking' this hostility of mine (and exaggerating it considerably because of his own unresolved infantile claims), the patient has in my opinion also 'unmasked' some particular emotional motives of my own, namely: my own reactions to having been 'abandoned' by my wife, my resentment at being attended by a servant, perhaps even some disappointment at having to invite my colleague and his wife to a restaurant and not to my own home, and to appeal to 'servants' to cater for them and for me instead of having my wife's help for this purpose. This 'dovetailing' of my own emotional patterns with those of the patient can be described as an unconscious dynamical configuration *à deux* (including elements of transference and counter-transference, as well as of identification and counter-identification, both normal *and* paranormal), which, as I and other observers have remarked, seems to be a very strong precondition for the occurrence of psi phenomena.

In short, it all sounds as if A, in the emotional language of his dream, had been saying: 'Don't I know that you think more about your wife than about myself? Don't I know that you offer nice food to strangers and not to me? Don't I know that your wife gives her love and affection to young people, while *I* have no motherly woman who cares or has cared for me? Don't I know that you are going to neglect my needs, sending your maid to me and pretending that you "give me something", whereas in reality you disturb and prevent my "feeding"? Don't I know that all this goes in parallel with similar feelings and reactions of yours, which are *your own* and should not interfere with my treat-

ment? Well, yes: just as I felt my father's " murderous " wishes when I was a child, so I can feel, and describe in detail, all this information, your hostility, your neglect of me, and the emotional drives which have been and are yours, that you have attempted to conceal from me. Yes: in spite of your efforts to " keep me out " of all this, here you are: I *do* KNOW!'

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The main papers by Freud, D. Burlingham, H. Deutsch, J. Eisenbud, N. Fodor, W. H. Gillespie, I. Hollos, G. Pederson-Krag, S. Rubin, and E. Servadio on the problem of telepathy in the psychoanalytical setting have been collected in the Anthology *Psychoanalysis and the Occult*, edited by G. Devereux (New York: International Universities Press, 1953). The aforesaid authors are all more or less favourable to the telepathy hypothesis.

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NOTES ON PARAPSYCHOLOGY AND PARAPSYCHOLOGICAL HEALING

By MICHAEL BALINT, London

I

I think it is fair to say that a number of experienced analysts have met episodes in their practice which have struck them as probable cases of telepathy or extrasensory perception (called E.S.P.).[1] Quite often these apparent cases of E.S.P. when subjected to a searching scrutiny reveal possibilities of other mechanisms, such as the emergence of a forgotten piece of memory already communicated; an interpretation of the analyst's behaviour, sentiments, or thoughts, by the patient based partly on consciously observed and partly on not quite consciously observed facts; the unexpected appearance in consciousness of identification with the analyst, based on intensive transference and counter-transference; the analyst projecting his own emotional involvement into the patient's material and interpreting it in this sense; analyst and patient who share experiences far beyond what can be expressed in words, coming unexpectedly to identical conclusions, etc.

To show what I mean I wish to report an event which, although almost certainly not a case of telepathy or precognition, illustrates some of the complications involved in clinical observations of this kind. In 1938, when the Szondi test was still in its experimental stages, and only very few people knew about it, I became interested and experimented with it myself. One evening when there was a party in my house we came to talk about this new test, and two sisters, not very closely acquainted with me, volunteered to be guinea-pigs. In an adjoining room I first tested the younger of the two, aged twenty-three and unmarried. After she had done the test, we began to chat, and she mentioned that it would be quite easy to indicate which pictures another person whom one knew fairly well would choose. (The test makes use of forty-eight photographs which are exposed in six sets of eight pictures each. The subject is asked to choose from each set two pictures that he likes and two that he dislikes, making a total of twelve likes and twelve dislikes.) I challenged her to do the test as her sister would do it, and she readily agreed. After we had finished I asked the elder, married, sister aged twenty-seven, to do the test, and found that of the twenty-four pictures she chose eighteen had been indicated correctly by her younger sister. After her test was finished I asked her whether she would be interested in doing the test a she thought it would be done by her younger sister, but she quite casually refused.

The external circumstances of this observation are exactly those which suit a precognition. After all, the elder sister had never seen the pictures, and the younger predicted with an accuracy far beyond any probability what her sister would choose. Furthermore, there was no possibility of any communication between the two, or of any possibly preconceived plan or trick, because, as I have mentioned, even the existence of the test was unknown to them until that evening. But if we look for explanations of this startling experience, something of this kind would suggest itself: there must be a very intense, but rather lopsided, relation between the two sisters. The elder is probably an ambivalently admired person who has been very closely studied by the younger, partly consciously, partly unconsciously, so as to bring about a profound identification of the younger with the elder. On the other hand, the elder sister probably felt no need to deal with the ambivalent situation between them in this way. She could accept the younger sister without feeling any need for a profound identification with her.

But even if one is aware of the danger of accepting happenings of this kind as E.S.P. and excludes all suspect ones by as careful a scrutiny as possible, there remain cases like Dr. Servadio's,[2] where one comes to the conclusion

[1] An excellent survey of the material hitherto published is contained in *Psychoanalysis and the Occult*, ed. by G. Devereux, New York, 1953.

[2] This Journal, **35**, pp. 27–30.

that the possibility of telepathy or precognition has to be accepted.

I too have had in my practice a few cases of apparent telepathy which, even after careful examination, have remained inexplicable by the mechanisms mentioned above. For quite a while I collected these cases without doing anything about them, in the hope that sooner or later I should understand them better. Quite gradually it then dawned upon me that in all cases of this kind there was a particular emotional situation between the analyst and his patient. As the situation was not quite unexceptionable, and moreover it was always my fault that it had arisen, I felt rather ashamed and reluctant to publish my mistakes in print.

Briefly, the situation can be described as highly ambivalent and extremely tense, i.e. fairly similar to that of the two sisters described above. Usually the patient was in a state of intense positive dependent transference, which however was not fully appreciated and understood by the analyst. The cause of this lack of appreciation and understanding was without exception some transitory preoccupation on the analyst's part, which at the material time absorbed a greater part of his attention than was good for the progress of the analysis. The patient in his helpless dependence reacted to this by renewed efforts to win the analyst's full attention, and in this very tense situation, bordering on despair, apparently telepathic and clairvoyant phenomena occurred.

The result was always a surprise, almost a shock, to the analyst, and had the effect of bringing him round, as he could not help giving more attention than in the immediately preceding period to a patient who was producing such highly interesting and puzzling phenomena. In this way the very tense ambivalent situation resolved itself and the analysis resumed its normal course.

Not every patient is capable of producing so wholesome a shock for his analyst, but in my experience those who are able to do so resort to this method only in these almost desperate dependent situations.

Since I have become aware of these dynamic connections I have not met any more telepathic phenomena in my practice.[3] For some time I prided myself that my technique had become more sensitive, and that I was able to spare my patients unnecessary suffering by understanding them before they were forced to resort to such a desperate means of communication as telepathy.

Recently, however, I have gradually become aware of another possible aspect of this problem. I now ask myself: Is it advisable to intervene early enough and, so to speak, to overprotect one's patient by timely interpretations? Or would it be a better technique, in the sense of one producing more fundamental and lasting results, to tolerate the patient's getting into this situation of very high tensions and to enable him to learn to cope with these high tensions also? I have no answer to this question, and must content myself with simply stating it.

II

Usually analysts describe the telepathic events which occur during treatment as if the only relevant factor were the patient's extrasensory sensitivity. In a way they behave like the elder sister in my example, who accepted the younger sister's remarkable performance as a matter of course, though with some curiosity, and did not even question what her own role in this performance might be. Taking Dr. Servadio's case,[4] he interpreted the remarkable happenings—quite correctly—as a repetition by the patient of reality situations and phantasies of his (the patient's) childhood, understating the overdetermination, that the present was created not only by the patient's repetition compulsion but also by the analyst's preoccupation with other matters external to the patient-doctor relation. These external events obviously occupied Dr. Servadio unduly, even to the extent of making him cancel one of his patient's sessions at the last moment. Admittedly, Dr. Servadio—like all analysts in similar situations—was in great difficulty. He had to decide how much of his own, perhaps merely transitory, ambivalence should be communicated in words to the patient. Unconsciously, in non-verbal form, the patient knew of the temporary exacerbation of the analyst's ambivalence in any case. On the other hand I wholeheartedly agree with Dr Servadio that one aim of the patient's telepathic or precognitive achievement was, as described first by Hollós,[5] to 'unmask' the analyst's 'professional hypocrisy'[6]; as if the

[3] It is interesting to note that Gillespie—in a footnote to his paper—records exactly the same experience but without any explanation. *Psychoanalysis and the Occult*, *l.c.* (p. 373).

[4] *l.c.*

[5] H. Hollós: 'Psychopathologie alltäglicher telepathischer Erscheinungen', *Imago*, **19**, 1933, 529.

[6] S. Ferenczi: 'Confusion of Tongues', *Int. J. Psycho-Anal.*, **30**, 1949, 219.

patient were saying, ' I know it anyhow; do not deceive me,' i.e. ' Do not care for other people, do really what you are pretending to do, i.e. care for me.'

These dynamic relations between transference and counter-transference are, I think, important *contributory factors* in provoking apparently parapsychological phenomena during analytical treatment. The analyst is temporarily preoccupied with matters external to the analytic situation; nevertheless, for technical reasons he decides not to mention his preoccupation to his patient, and is then in turn forced to maintain a façade of ' professional hypocrisy ', i.e. to pretend that all his interest and attention are still focused on the patient. The patient on the other hand feels—more or less consciously—that this is not quite true, but has no possibility of coming to grips with the discrepancy between his feelings and the analyst's covert behaviour, as all his attempts in this direction would very likely be interpreted by the analyst as negative transference. Although this interpretation is true so far as it goes, it prevents a realization of the whole truth. Certain talented people are able to solve this very strained situation by administering a therapeutic shock to their analyst by producing apparently parapsychological phenomena. The shock brings the analyst round, but afterwards, because of his unadmitted guilt feelings, he has to defend himself by *projection*, i.e. by minimizing his personal involvement and by limelighting the role of his patient.

A further defence mechanism is *idealization*. This states that parapsychological phenomena are highly interesting, highly scientific problems, and omits to evaluate properly the background of the underlying painful ambivalence conflicts and the intense suffering which provokes them.

If I am right, the crux of this involved relationship is the handling of the analyst's counter-transference, especially the problem of how much and which side of this counter-transference should be openly admitted, communicated, or ' interpreted ' to the patient. It is generally admitted that the whole field of counter-transference, its effects on the analytic work, its technical handling, etc., are as yet largely unexplored, and are not fully understood. It is to be expected, however, that analysts who can evoke and maintain an intensive transference atmosphere, but do not pay, or do not care to pay, due attention to the effects of their counter-transferences on their patients, will meet—*ceteris paribus*—more often with apparent E.S.P. phenomena. This train of thought might be the explanation of the repeatedly reported fact that some analysts meet E.S.P. phenomena in their early analytical years, but not later.[7] Against the realization that in the production of apparent E.S.P. phenomena the analyst's ambivalent counter-transference has a large share, the two defensive mechanisms mentioned above are mobilized: projection (it is the patient who produces the E.S.P. phenomena) and idealization (E.S.P. is a highly interesting scientific problem—and is not emotional, is not caused by suffering).

III

If I am right, something similar is happening in parapsychological research in general. All workers interested in this field agree that parapsychological phenomena occur in certain conditions. But this statement does not necessarily entail the admission of the research worker's role in producing these phenomena; i.e. his counter-transference is more often than not kept out of the picture so that he may maintain a façade of ' professional hypocrisy '. To keep up this atmosphere, intensive use is made of the two defensive mechanisms mentioned above, projection and idealization.

Projection states that the uncanny power which produces parapsychological phenomena dwells not in us, everyday normal people, but in mediums, in healers, in waters, in woods and caves, or in God's unfathomable grace. We research workers must be acquitted without any question, since we are only studying the phenomena, and not producing them. Our interest in them is entirely objective, and has nothing to do with our own emotions, our instinctual gratifications, our unsolved problems, or our personal involvements.

Moreover—and here idealization, the second defensive mechanism, comes into force—parapsychological phenomena, and especially parapsychological unorthodox healings, are highly beneficial, or at least entirely harmless. The working of these two defensive mechanisms can perhaps best be demonstrated in the case of

[7] Servadio, who read this paper in manuscript, pointed out that another possible explanation of this fact could be repression. E.S.P. phenomena are doubtless disturbing, and with the passing of years some analysts may learn to be ' wiser ', i.e. to protect themselves better against emotional involvements in these phenomena, sometimes ignoring them through 'scotomization', sometimes maintaining towards them a ' fair ' (but in fact only theoretically fair) attitude.

religious healing as at Lourdes. By invoking unfathomable supernatural forces, i.e. God's grace, any human involvement is *eo ipso* excluded, and the religious or scientific research worker can get away with his 'professional hypocrisy' unchallenged. However, his guilt feelings compel him to maintain a hyperobjective attitude, demanding unrealistically strict standards. (As is well known, quite a number of mediums have been caught in this quagmire of projected ambivalence. In their dependence the mediums were driven to accept more and more stringent conditions, which eventually became so rigid that they could no longer comply with them and in their despair had to resort to tricks.)

This is what seems to have happened at Lourdes also. In their ambivalent endeavour to prove that true healings really do occur at Lourdes beyond any possibility of doubt, the research workers there, congregated in the Bureau Medical, have laid down certain standards which must be complied with before any case is accepted as a true healing. First, psychological or psychiatric cases are excluded *a limine*. Organic cases have to comply with strict criteria, among others: (1) Instantaneous recovery; (2) no period of convalescence, i.e. the state of illness must have changed immediately into a state of health; (3) the state of health must be permanent; and (4) there must be physical signs of the change.

To every medically trained man it is obvious that these criteria are grossly exaggerated, i.e. ambivalently idealized. They correspond only to very old and profound human desires, but never to reality. If they have to be applied to real cases, all sorts of allowances have to be made and subterfuges tolerated. Leaving the first two criteria out of consideration, it is clear that the third, the permanent state of health, cannot be found in reality. Apart from any other change, everyone gets older and eventually dies. Thus the 'permanent state of health' cannot ever be really permanent. Moreover, so far as I know, only very few of the Lourdes cases have been properly followed up. Nowadays in medicine the minimum acceptable follow-up period for chronic illnesses is five years, and if possible ten. In fact hardly any of the Lourdes cases have been observed medically over such a period. Lastly, the criterion that physical changes must have occurred is highly equivocal, even in theory, and still more so in its practical application. In fact among the recorded and published cases there is not one of the obvious types in which true physical changes can be unequivocably established, as, for instance, a multiple fracture coming instantaneously together, both states being demonstrated by X-ray pictures. The reported cases belong roughly to these three classes: (*a*) psycho-somatic illnesses; (*b*) slowly growing tumours; or (*c*) chronic incapacitating states. As is well known in medicine, these three types of illness may show sudden physical changes under normal medical treatment, or even spontaneously.

But even if we accept all the published Lourdes cases as fully authenticated, there remains the unpleasant problem of numbers. According to Dr. Leuret, Chairman of the Medical Committee of Lourdes,[8] whose address I was privileged to hear at the International Conference on Unorthodox Healings in April 1954, the number of authenticated healings at Lourdes since the very first use of the spring is forty-nine to date. Admittedly many more healings of a non-miraculous kind do occur there, but these, according to Dr. Leuret, are explicable by medical science. Even if we include all these healings, there is no possibility of assessing out of what total number of cases the healings have occurred, and still less how many of the thousands of pilgrims have remained unchanged, or have even become worse.

Before discussing this peculiar state of affairs I would like to add a fact which is hardly ever mentioned. This is that inexplicable, almost miraculous, healings occasionally occur in the average medical practice. Practically every doctor of some standing can quote a few cases in which patients have improved in an inexplicable way, have even completely recovered, and the recovery has lasted for a considerable period, sometimes even for years, reminiscent of the 'état permanent' of Lourdes. Surprisingly, no one has ever collected these cases, still less made a proper study of them. At most they are casually reported in the medical press as puzzling *curiosa*. A further similarity is that they belong to the same category as the famous forty-nine authenticated miraculous healings at Lourdes, i.e. they are either psychosomatic illnesses, slowly progressing tumours, or chronic incapacitating states.

Here indeed we have an uncanny problem

[8] The sudden death of Dr. Leuret a few days after his address is a tragic loss to parapsychological research.

facing us. Why does it happen that certain patients who, according to all expectation, should deteriorate and become chronic invalids, or even die, inexplicably recover? In these favourable cases the nature of the illness and the form of recovery is about the same, whether they receive professional medical treatment, parapsychological healing, or God's grace, or even apparently nothing from outside. It is true that the recovery is hardly ever complete, and a skilled and conscientious medical examination can usually demonstrate that the previous illness has not completely subsided. It is also true that in some of the cases relapses occur after a short or even long interval. The fact remains, however, that the suffering patient has been considerably helped, his pains have diminished, his physical functions have improved, and his whole attitude to life has become much more like that of the average person. The problem of this kind of inexplicable recovery is frightening and uncanny indeed, because we doctors and research workers have no idea whether the recovery was due to us, or to some power beyond our control. In the latter case the further disquieting question arises, whether our treatment of the patient was of any help at all, and not perhaps even a hindrance to the improvement.

The old adage says ' Contra vim mortis non est medicamen in hortis ', and although we have added the chemical laboratory and the surgeon's knife to the botanical herbal, the true healing of chronic diseases is generally beyond our power. Here we have come up against the same kind of situation which we found may produce telepathic phenomena during analysis. There is the patient in the throes of well-founded anxieties and mortal fears, usually suffering physical pain also, and there is his doctor compelled to pretend that he can help. The doctor knows that the power of his art is limited, but he thinks for good reasons that he must not mention this to his patient, that he must keep up the façade of ' professional hypocrisy '. It is very possible that this strained, ambivalent, and insincere situation might enable some talented people, in the same way as we found with telepathic phenomena during the course of an analysis, to solve the situation in a ' parapsychological ' way.

Perhaps in order to study parapsychological phenomena profitably we should not concentrate on either the subject's receptive powers or the healer's or agent's influencing powers, but on the powers inherent in their mutual relation. If my experiences during psycho-analytical treatment hold true for these conditions in general, then we must expect to meet highly ambivalent, highly tense, situations which will be covered up on both sides by reaction formations, especially by projection and idealization.

It is easy to state that a highly ambivalent relationship covered up from both sides by dovetailing reaction formations is not a very favourable atmosphere for research. But completely to renounce these defences will be a very hard task both for the patient and his doctor or healer. Perhaps we analysts ought to accept the role of pioneers in this field, as we have had some experience of what it means to make defences conscious. If we succeed in relinquishing the professional hypocrisy, projection, and idealization, surrounding parapsychological phenomena, we might get to grips with the underlying real problem, what the true nature and function of E.S.P. is.

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SOME DEVELOPMENTAL ASPECTS OF THE BODY IMAGE

By LOUIS LINN, M.D.,[1] New York

I. Introduction

In a series of pioneer studies and essays, Hoffer and others (6, 8, 12, 13, 15, 21, 25) have sought to document by means of direct observations on infants some of the psycho-analytic conceptions about this early period as they have been reconstructed from the analyses of adults. In particular, they have discussed the ego in terms of its earliest developmental history. Hoffer was able to demonstrate, for example, that the behaviour of a sixteen-week-old infant shows definite organization in the process of relieving oral tensions, and that this behaviour involves a capacity for genuine perceptual activity, motor control, memory function, and reality testing. Hoffer has proposed that we designate this state of ego development the ' mouth ego '. He was able to demonstrate the critical role of the hand in this developmental process. His observations have tended to confirm the theoretical formulations of Hartman, Kris, and Loewenstein (11) that these early stages of ego development concern themselves primarily with the body surfaces of the infant, particularly as they are involved in the relief of oral tensions by the hand.

Although a complex of psychic functions is subsumed under the term ego (7, 19) the body image concept as elaborated by Schilder (22) is certainly a basic part of that complex, so that studies concerning the early developmental aspects of the ego are sure to shed light on the formation of the body image, and conversely, information concerning the origin of the body image must contribute to our understanding of the origin of the ego. Scott (23) stated this in more general terms, as follows: ' The neurological conception of the " body image " or " body schema ", etc., the psychological conception of the " schema ", etc., and the psychoanalytical conception of the ego, imago, internal and external objects, etc., can all be related, as far as their genesis in the individual is concerned.' In the same article, Scott presents a brief but excellent survey of neurological and psychological observations concerning the formation of the body image, emphasizing in particular the role of ambivalence, instinctual drives (libidinal and aggressive), and mechanisms of defence in this process.

In recent years, neurological observations have come to my attention, the significance of which became clear only against a psychoanalytic frame of reference. These observations have provided, in addition, a species of verification of certain psycho-analytic concepts concerning the origin of the body image and the ego. Although the data which I propose to present are far removed from those ordinarily dealt with by the psycho-analyst, they are nevertheless brought to the attention of the readers of this journal because it is felt that the conclusions which may be drawn from them are relevant to basic psycho-analytic theory.

II. Neurological Data

The responses of individuals to double simultaneous stimulation have been the subject of intense study over a period of years by Bender and his co-workers (1, 2). They discovered that there exists a variety of circumstances in which an individual who is capable of perceiving all stimuli of a given modality presented one at a time will make errors of perception when he is exposed to certain of these stimuli two at a time. These errors tend to occur in a certain characteristic pattern, in which one of the pair of stimuli is regularly reported correctly and the other is not reported at all or is displaced from its correct location. For example, a patient with a unilateral lesion of the brain who shows no visual disturbance when the eyes are exposed to light one at a time may show a field defect when both eyes are stimulated simultaneously.

They studied a large group of subjects by means of double simultaneous cutaneous stimuli applied to non-symmetrical areas of the body.

[1] From the Department of Psychiatry and the Department of Neurology, Mt. Sinai Hospital, N.Y.C.

Among their subjects were: (*a*) Patients with disturbance in consciousness due to organic brain disease [2]; (*b*) normal children; (*c*) normal adults; and (*d*) schizophrenic adults. Bender and his co-workers found a relatively unvarying pattern in the responses of their subjects. If the face and another part of the body were touched, the face was almost invariably reported correctly. Such errors as occurred were obtained in the other part of the body stimulated.[3] In this pattern the face was said to be dominant to all other body parts. The genital region was found to be not far behind the face in this regard. In combinations involving the hand the reverse phenomenon occurred. Errors in perception were more frequent in the hand than in other parts of the body with which the hand was tested. Bender and his co-workers therefore considered the hand the least dominant area of the body.

They found that the remaining areas of the body fell between the face-genital region and the hand. When tested in combination with each other these areas failed for the most part to yield differences in dominance as compared one with another. These relationships were most easily and repeatedly demonstrated in patients with organic disturbances of consciousness and in children under four years of age (Groups A and B). Normal subjects made frequent errors on initial trials which followed the foregoing patterns. They differed from Groups A and B in that they tended to correct these errors on subsequent trials. The former groups on the other hand persisted in their errors in spite of various attempts to alert them to the presence of two simultaneous stimuli. It was the persistence of these errors that made the responses of the 'organic' adults pathological. The schizophrenic groups fell in between these extremes with respect to the capacity to correct initial errors.

That the face emerges from these studies as the most dominant does not seem at all surprising. From a phylogenetic point of view, the face is the most anterior part of the body and the first to contact the environment. It is adapted for this function by virtue of its close association with the main sensory organs of the body. Furthermore, there are many psychological reasons for expecting the face to occupy the most prominent place in the body scheme. Psycho-analytic observations have emphasized the great importance of the mouth in the earliest human relationships to which one is exposed, namely, the feeding situation in infancy. The permanent psychological imprint of these earliest oral experiences is well known. It should perhaps be added, for the purpose of this thesis, that cutaneous stimulation of any part of the face during the first three months of life will elicit the sucking reflex. Later on, too, the face more than any other part of the body is the area through which we establish contact with fellow human beings, via speech and facial expression. Apart from its capacity to express emotion, the face, in repose, is capable of eliciting intense emotional responses, positive and negative, from fellow human beings. So, we are not surprised when we are informed that most people think of the 'self' as being associated most intimately with the face (3, 22). And, adding confirmation from a neurophysiological point of view, the face occupies a vast area of the sensori-motor cortex as mapped out by Penfield and Rasmussen (20).

That the genital region of a three-year-old child should occupy a position of dominance in the body image which rivals the face must come as a surprise to those who are not psycho-analytically informed. To the psycho-analyst, however, it must be a striking confirmation from a completely independent line of investigation of basic psycho-analytic discoveries, namely, the existence of the phallic stage of libidinal development at this early age, the equation of the phallus with the self, as certainly as the individual regards his *face* as the embodiment of the self (16, 26). We shall return to this theme later.

That the hand, however, should emerge as the

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[2] This disturbance may express itself clinically in disorientation for time, place, or person, in confabulation, reduplication, or anosognosia (18, 19, 20, 21). It is commonly associated with a diffusely abnormal electroencephalogram (18). The altered state of consciousness itself may be the result of a variety of pathological processes within the cranium—inflammation, neoplastic, vascular, etc. The common denominator of these processes is the fact that cerebral cortical function is affected diffusely, either directly through widespread disease of the cortex or indirectly through the affection of more deeply situated cortical regulating centres.

[3] The following table is reprinted with permission from Bender, Green, and Fink (2), and outlines the types of response to simultaneous face-hand stimulation and the way in which they are classified.

Response	*Classification*
a. face–hand	*a*. correct
b. face only	*b*. extinction
c. hand only	*c*. extinction
d. face–face	*d*. displacement
e. hand–hand	*e*. displacement
f. face–other part of body	*f*. displacement
g. face–part in space	*g*. exosomaesthesia

least dominant member of the body image comes as a distinct shock, and seems to fly in the face of logic. If there is any validity to Penfield and Rasmussen's sensori-motor map, for example, we must be struck by the fact that the hand occupies almost as great an area as the face. When vision is eliminated the hand becomes the most anterior part of the body, as when one gropes in the dark. In the blind, the great sensitivity of the hand permits it to function in a variety of situations as a substitute for lost vision. We have already touched upon the feeding situation in infancy in our discussion of the importance of the face in the body image. However, even casual observation of feeding infants will impress us with the active role that the hand plays during the sucking process. The hand clings to the breast almost as strongly as the lips cling to the nipple. In artificial feeding the infant clings with equal strength to a bit of blanket or to the finger of the mother if permitted to do so. In short, at this early stage grasping is intimately associated with sucking, just as it will be many years later in the event of some severe impairment of consciousness.[4] In psychological tension states centring about the feeding process, rubbing of a blanket with the hand at bedtime occurs almost as frequently as thumb-sucking; indeed, usually in conjunction with it.

Gesell and Ilg (9) have commented on the close association between mouth and hand during intrauterine life. Hoffer (12, 13) has richly documented the complex interplay of mouth-hand stimulation which takes place during the first year of life, first during the feeding process and secondarily in exploration of the infant's own body and of the surrounding environment. One could go on to discuss the relationship between face and hand in Jacksonian seizures, or the peculiar face–hand sensations described by Isakower (14) in neurologically normal people on falling asleep. What it all adds up to is that we should expect the hand to play a role in the body image which is not much less important in the body scheme than the face, if not equally so. Certainly we should not expect it to be least important, if that is what least dominant implies. This latter point brings us to the crux of the matter, namely that the hand in its own 'least dominant' way is fully as important in the body image as the 'most dominant' face. How can we reconcile these facts? Bender and his co-workers (3) have proposed that the face represents the inner or 'self' aspect of ego function, whereas the hand is its outer representation—'the medium with which our ego makes contact with the outer world'. This distinction is not at all clear, particularly as the ego makes contact with the outer world as much through the face as through the hands.

There exists a certain type of response to face–hand stimulation which, although rare, sheds, I believe, some light on the dilemma.

III. Observations Concerning Face–Hand Fusion

Case 1. A sixty-year-old man with a clouded state of consciousness due to multiple metastases to the brain from a primary malignancy of the lung. He reported symmetrical touches promptly and accurately (both cheeks, both hands). When touched on either cheek and hand simultaneously, he reported only the face touch. He was asked very emphatically (when he reported only the face touch), 'Are you sure you weren't touched elsewhere?' He responded by tapping his left hand with his right one (or *vice versa*, if the right hand had been touched), and answered, 'No, only the face!'

It is quite clear from his tapping response that the patient felt the hand touch, too, even though he reported only the face. In fact the hand touch was reported quite clearly in this non-verbal manner. One might interpret this puzzling response as an indication that in the clouded state of consciousness, face and hand had in a sense become fused, and that a touch on the hand could not be differentiated verbally, at least, by this patient, from a touch on the face. So, what seems to be an extinction at one time, or a displacement at another, can be understood as a manifestation of a fusion of face and hand in the body image of the patient with a clouded state of consciousness.

Case 2. A fifty-six-year-old depressed woman was observed following recovery from shock therapy. On several occasions when touched on her face and hand, she reported verbally only the face. However, she would simultaneously lift her hand and let it fall to the couch. In this manner, curiously reminiscent of the previous patient, she indicated to us non-verbally that the extinction of the hand touch was no extinction at all but rather a fusion, as expressed verbally, with the face touch.

[4] I believe that the phenomenon of extinction and displacement on face–hand stimulation in clouded states of consciousness can be regarded as the sensory counterpart of the grasping and sucking reflexes which tend to appear under the same circumstances. The validity of this contention will become more evident subsequently.

The following two cases seem to confirm the idea of face–hand fusion.

Case 3. A forty-two-year-old woman was also observed following shock therapy. When tested about fifteen minutes after awakening she reported only the face touch. Tested ten minutes later, when she was more alert, she responded to the face–hand touch with ' *The hand of my face* ' [*sic*]. Ten minutes still later she reported the face–hand stimuli accurately. At this time I asked her if she recalled saying, ' The hand of my face '. She said yes. When asked to explain what she meant by this, she looked surprised and said, ' Well, how else do you feel your face if not with your hand? '

Case 4. A sixty-year-old man with a rapidly growing tumour in the region of the third ventricle responded on several occasions to face–hand stimulation with the expression ' the palm of my cheeks ', echoing quite strikingly the response given by the previous patient.

That what we call extinction and displacement on face–hand stimulation represents in reality a process of fusion is suggested by other lines of evidence. The drawings of children, for example, are instructive. If we ask a child to draw a person he will draw a picture which we have reason to believe is an expression of his conception of self (18). In the Goodenough (10) monograph on the figure drawings of children there are several pictures drawn by age groups in which consistent errors could be expected on face–hand stimulation. In their productions these children very frequently drew the upper extremity as if it were growing directly out of the face. That is, they provided direct graphic representation of the idea of face-hand fusion. Cohen (4) rediscovered this drawing phenomenon in a recent study and was able to confirm directly that children who represented the hands as growing out of the face were usually children who showed extinction and displacement on face–hand stimulation. Schilder (22) comments on the distorted representation of the human body in children's drawings as follows: ' Of course, drawing is a rather complicated psychic activity, and it may be difficult to determine whether this synthetic incapacity is based at all on sensory difficulties or whether it is merely due to motor incapacities. But the child is completely satisfied with its drawings, and I believe, therefore, that the way in which children draw human figures really reflects their knowledge and sensory experience of the body image.'

The drawings of brain-injured adults with errors on face–hand testing are more complicated. They rarely show face–hand fusion in their pictures. More frequently their drawings show complete disorganization. It would lead us too far afield to discuss these adult drawings in more detail at this time. However, unpublished studies by Max Fink provide what is probably the most convincing evidence of all that what we call extinction and displacement may both be examples of fusion. He carried out face–hand stimulation using different modalities of stimuli, e.g. using a tuning fork on the hand and a pin on the face, or a pin on the hand and heat on the face, etc. Patients who showed pathological extinction often reacted to double modality stimulation by combining the two modalities in a single response in a single place, e.g. ' a buzz and a stick on the cheek ' (in response to a pin-prick and a vibrating tuning fork), or ' a hot pin-prick ', etc.

IV. Discussion

In his classic monograph on the body image, Schilder (22) raises the question, ' Are there states of ontogenetic development in which the body image is undeveloped? ' He has repeatedly emphasized the fact that the body image is the product of personal experiences, that it is linked inextricably with personality, so that ' there is no body image without personality '. In view of such origins it follows that the body image must have a developmental history. In various places in his book, Schilder raises questions but offers few speculations concerning the earliest phases in the development of the body image. The data we have presented concerning face–hand fusion provide a basis for further speculations on this subject.

According to psycho-analytic theory, there is a stage in the development of awareness of self in which the infant does not differentiate between himself and the breast on which he feeds (5). If we accept the view that the hand does indeed participate in a psychologically significant way in the early feeding experiences, then we must extend the psycho-analytic theory to read that in this primitive state of awareness face, breast, and hand are all fused into a single homogeneous primordial cluster. When the breast is withdrawn, continuity of the cluster is maintained by substituting the hand for the absent breast. Psycho-analysis hypothesizes further that in the repeated experiences of separation from the breast the infant gradually learns of the existence of other beings and the outer world—that there is a boundary which delimits his own self from that of others. The infant also learns that the

hand substitutes for the breast only in part. In the infant's growing awareness of self, separation between face and hand must now take place just as it did between face and breast. One can visualize repeated experiments carried out by the infant in which he re-establishes the primordial face–hand cluster and breaks it apart again, and through repetition learns that face and hand are separate. This earliest step in the development of the conception of self is undone in certain brain-injured patients. In clouded states of consciousness, fusion of face and hand takes place again and expresses itself as extinction and displacement. According to this hypothesis we should expect to encounter clinically still further regression in awareness of self, with complete re-establishment of the face–hand–breast cluster. This is indeed encountered in certain cases of organic brain disease displaying the phenomenon of exosomaesthesia (24). In these instances we find not only extinction and displacement on face–hand stimulation, but also an inability to distinguish between stimuli applied to the patient's own body and stimuli applied to other objects in the patient's field of vision. These phenomena, which are evidences of regression in the concept of self in the brain-injured adult, are evidences of the immaturity of the concept of self when elicited in early childhood.

The question may be raised why it is the face that is usually reported when fusion takes place. Why is not the hand, for example, reported with equal frequency, and the face extinguished?[5] This contains within it a question of even greater importance, namely, why does the hand end up in the position of ' least dominance ' in the total body scheme? The answer to this question is to be found, I believe, in the specific motor role of the hand in the mouth-hand cluster. Although general psychological studies have stressed the role of the hand as an organ which grasps, from intrauterine life onward, as Hoffer (12, 13) has emphasized, the hand has also become closely allied to the mouth for the sake of relieving tension, and within this alliance is to be found the first achievement of the primitive ego.[6] Hoffer's observations suggest very convincingly that the suckling infant uses its hands as motors to regulate quantitatively the intensity of the level of oral stimulation, supplementing the stimulation from the breast by additional stimulation from its own fingers, if the pattern of oral stimulation from the breast is not by itself gratifying. In this process the infant will modify the amount of the hand which it introduces into the mouth and the depth to which the hand penetrates. If the rhythm of stimulation provided by the mother is still disturbing, the child may reject the nipple and take the problem of oral stimulation into its own hands, as it were. Throughout this entire process it is the oral tensions which must be relieved. The hand becomes simply the agent which assists in the relief of these tensions. As a sensory experience, the sensations about the mouth and face are of central importance. Sensations in the hand proper undoubtedly occur during this process, and may even contribute to the total pleasure. However, they must play a secondary and conceivably even a distracting role in the main task, which is to regulate oral tension. To the extent that the sensations from the hand may be a distracting element, one might even, thinking teleologically, regard extinction of the hand sensations during this process as a biologically useful phenomenon in the problem of regulating oral tension. In any event, in this feeding situation the hand begins its role as an organ for relieving tension. Later on, the hand will function in more versatile ways. It will, for example, become the intermediary between the eyes and the mouth in subsequent stages of ego development and mastery of the environment. However, the face–hand relationship in the infantile oral situation is apparently of crucial importance in determining the adult patterns, since the responses to double simultaneous cutaneous stimulation in the congenitally blind are the same as those obtained in the sighted (3).

Sensory effacement of the hand in the process of regulating tension is perhaps even more clearly understood in masturbation, where the genital sensations which arise are of such intensity as to eliminate from conscious awareness (and from libidinal significance) any simultaneous sensations which may occur in the hand, so that if fusion were to occur we should expect that the hand would be extinguished.

[5] As a matter of fact the hand is occasionally reported on face–hand testing. This, however, occurs relatively infrequently, and for the purposes of our present theoretical discussion I believe we are justified in confining our analysis to the response that occurs in the vast majority of cases.

[6] i.e. the earliest functions of the hand are all motor. Its significance as a sensory organ appears much later in life as part of a relatively advanced stage of ego development.

Thus far I have inferred from a consideration of the fusion phenomenon a stage in the development of the body image corresponding to what Hoffer (13) would call the ' mouth ego '. I have described how the individual has detached himself from the environment as an entity separate from the breast and has succeeded in dividing himself into a face and a hand. We can assume that the process of self-discovery will take place along similar lines between other parts of the body and the hands. Cutaneous tension states arise within the infant, too, and we know that the infant has a need for cutaneous stimulation in the form of warmth and caresses, for example. Schilder has suggested that cutaneous tension in the infant may express itself as itching and call for rubbing of the skin for relief. The capacity to relieve its own cutaneous tensions calls for a degree of motor skill which does not appear in the infant until well into the second year. The body image emerges through a repetition of the process of discovery of separateness which took place originally in the fragmentation of the primordial face–hand–breast cluster. As the exploring, tension-relieving hand establishes its separateness from each succeeding body part a new detail of the body image emerges. The process is complex. Not only does the hand establish its own separateness from the newly discovered body part, but also the separateness of the latter from previously discovered body parts. At each step, the hand as the explorer and tension-relieving organ holds second place in the field of attention to the newly discovered body part.

In states of clouded consciousness there is a regressive tendency for fusion to occur; fusions which re-establish unities which were previously undone in the evolution of the body image. Because of the specific role of the hand in this process, it is the hand which is always extinguished when these fusions take place between the hand and any body part. Because the face is the oldest element in the body image and possesses so great a libidinal investment in the psychic economy of the adult, it retains its individuality most tenaciously. That the genital area assumes a position of such dominating importance in the body image of the young child is most probably an expression of the intensity of pleasure sensations which the child can elicit from masturbation at this early age. When regression takes place, as for example in dreams or in psychotic productions, and the dominance of the mouth ego is re-established, the phallic ego is its rival. It comes as no surprise therefore that oral fantasies should play so important a role in the structure of these body-as-phallus fantasies (16, 26).

In a previous communication (17) the hypothesis was advanced that the ego perceives external objects in two stages. First it sees the object as part of a cluster of objects related or linked to each other by some common denominator of meaning. Second, it separates out the ' correct ' object from all the related objects in the cluster. This separating process was called the ' Discriminating Function of the Ego '. It was postulated that on breakdown of this function fusion takes place between objects which should be separated, and what emerges under these circumstances is the ' Primary Process ' as described by Freud. There is an analogy between the latter cluster of objects and the previously described clusters involved in the evolution of the body image. One may regard the subjective fusion of body parts as a body-image manifestation of the primary process. Body parts that should be separated become fused. Symbolic meanings invested in one area become displaced elsewhere. There is, therefore, a biological compliance, an underlying readiness for the symbolic transformations which take place in response to the demands of the psychic economy for the reduction of instinctual tensions.

V. Summary

The work of Bender and his co-workers concerning double simultaneous cutaneous stimulation is reviewed. Theoretical implications of their findings are presented, particularly as they impinge on the developmental history of the body image.

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HOMICIDE DURING A SCHIZOPHRENIC EPISODE[1]

By HELEN SHEEHAN-DARE, London

The aim of this paper is to put before you some facts for study and discussion which might contribute something to the understanding of the nature of what is sometimes called a ' schizophrenic episode '. Questions concerning the relation between consciousness, memory and ego-control arise naturally out of the consideration of these.

They are taken from the case of a man, to whom I shall refer by the initials K. M., hanged at the age of twenty-six for the murder of his father. In fact, he murdered both parents and threw their bodies over a cliff. He then took his father's car, which he had hoped to borrow for this purpose, and drove to London during the night, making the journey of 245 miles, with several stops, in seven hours, in order to reach a girl, whom I shall call Jennifer, by whom he had become attracted. There was an element of jealousy of a boy of sixteen in this relationship. On the evening of that day, about twenty-four hours after the crime, he was arrested outside the house in which the girl lived.

I was asked to be present at his trial because, as a boy, he had been a patient of mine. The plea was insanity, and two psychiatrists, in evidence for the defence, gave it as their opinion that he was schizophrenic and that the crime had been committed during a ' schizophrenic episode '.

My patient was of rather less than average height. He had a mop of unruly brown hair, was abnormally pale, and looked years younger than his age. By nature he was gentle and rather passive and had never committed any act of violence (except one upon himself, recorded in adolescence) until the evening when he killed his parents in their home.

I will quote from his statement to the police and from another, made to a psychiatrist two months later, and will supplement these from evidence heard in Court.

I will then give a short account of his life and illness gathered from reports sent in to the solicitors for the defence and from other sources.[2] A brief description of his analysis, and of the circumstances in which it was carried out, will take its place chronologically.

A signed statement made at Scotland Yard on the morning after his arrest was as follows:

' I want to be frank. I did it.

' I don't want Jennifer brought into it. I want to tell you the whole story.

' Many of the things I have said are not true. I haven't been working for about 12 months. I have only said the things to make a bold front to her.

' Up to about 12 months ago I was studying firstly for the law as a solicitor and latterly as an estate agent. My father made me an allowance of £15 a month. I couldn't settle down to my studies and this led to some differences between me and my father. I gave up working last November and then I got a legacy of £750. I spent the money by about March.

' I scrounged around a bit and I did some work, about 8 weeks. I was selling ice cream for Walls. I left them and some time in June I went home and broke into my father's house. Then I came to London and spent the money. I was only in London for a week staying at odd hotels, then I went down to my home again. Then I returned to London again to dispose of some stuff I had taken, a cine camera and a bracelet of my mother's. I sold the camera at a place called Photo Optics at Paddington. I sold the bracelet with Dawson, the jeweller at Piccadilly Circus.

' Then I went home. I was only up here for a day. I straightened it out with my father. I stayed home until the middle of August, then I came to London.

' I lived in Chelsea, and took a furnished room.

' I began to visit the White Hart public house in King's Road, Chelsea. I met a Chelsea pensioner who frequented that public house. About a month ago—no, six weeks ago—he introduced me to a young lady and her mother, with whom I became great friends. Jennifer—was the young lady and her mother is Mrs. —. I became a frequent visitor at their house at —— where I was made very welcome.

' I had been living from hand to mouth. I had odd bits of money from various people, and there are some cheques which were " R.D.".

' I've been drinking very heavily, and about a month ago Jennifer began charging me about my untidy appearance. I told her my parents had

[1] Paper read before the British Psycho-Analytical Society on 21 October, 1953.

[2] Some addresses, place names and proper names have been omitted or changed in the statements, reports, etc., in order to bring them into line with the form of this paper.

arranged to send my clothing up, but this was a lie just to stall her off.

'I was tight for money at this time and had no means of tidying myself up, so about a fortnight ago I said I would go home and get my clothing myself. That is what I told Jennifer, but in fact I wanted to go home to try and get some money from my father.

'On Friday, 31 October, 1952, I decided to hitch-hike home and I told Jennifer so. She was rather upset at me going. I went, arriving on 2 November, 1952. I actually did hitch-hike. I phoned Jennifer practically every day. I had a row with my father over my spending habits and told her so, and he had said I was to stop at home and continue with my studies. Jennifer suggested that I should come up to London, get a job and make myself independent of my parents.

'I decided to come back to London the following week-end, that is this week-end. About mid-week I made up my mind to come back to London.

'I telephoned Jennifer twice on the Friday, 7 November, '52. The first time at half past five. I told her I was coming up to do some business for my father. This was not true. I promised to phone her again at half past eight to confirm whether in fact I was coming and I told her if I did come my father had promised to let me use his car. It is a Triumph; the number is ERL 1.

'At the time of my first phone call my father and mother were both out. They came back almost together in separate cars at about 7.30 p.m.

'My father was doing something to my mother's car; both cars were in the garage. God knows for what reason I hit them over the head with a piece of iron pipe. I hit him once then. He slumped to the ground unconscious.

'Mother had gone into the house. I went into the house after her. I found her in the kitchen. I hit her from behind. Everything went peculiar. I got into a panic. Shortly after this I made a second phone call to Jennifer in London—this was about 8.15 p.m.—and told her I was definitely coming to London with my father's car. I asked if I could come around to her house in the morning for a wash and shave.

'I went out with the intention of getting the car and found my father coming round. I hit him again, several times, then I got the car out and went in to get some clothes and my mother was coming round then. So I hit her again. She was bleeding very heavily; they both were by this time. I didn't know what to do, there was blood everywhere. I got the wheelbarrow, put my mother in it, took her out to the Point and pushed her over. I then went back and did the same with my father's body. I pushed the wheelbarrow over that time. I went back to the house and washed the place out.

'I went to my mother's room and took some pieces of jewellery. The two brooches and the ring shown to me are some of the jewellery. I took some money from my father's coat pocket.

'I packed a change of clothing. My own clothes were very blood-stained.

'I then drove the car out and drove to London. I changed my clothing before I got to Okehampton. I threw the pair of flannel trousers and tweed sports coat which were very blood-stained into a river at Fenny Bridges, just past Exeter. I also threw the piece of steel tubing I had hit my father and mother with into the river at the same time.

'I then drove on to London. I picked up two hitch-hikers somewhere near Ilchester. I dropped them at Chelsea Bridge. I then went on to X Street and got there about 5 a.m., and parked the car in the side of the road about 50 or 60 yards from the house. I had a sleep in the car until about 8 o'clock. I left the car and went to the house, where I saw Jennifer and her mother. When I left the car I left the ignition key in it and also left some bloodstained clothing in it, and shoes. This blood came on my clothes when I moved my mother and father.

'I told Jennifer I was up to do some business for my father and that I had put the car in the Blue Star Garage. I said I had an appointment at 10 o'clock and that I would come back to lunch.

'I went off to Dawson's, Piccadilly Circus, where I sold three pieces of my mother's jewellery which I have mentioned for £50. Later I telephoned Jennifer and told her I couldn't keep the luncheon appointment, and that I would meet her at 2 p.m. at Leicester Square. I later met Jennifer and her mother at 2 o'clock. We went to the Odeon Cinema, Leicester Square and saw "Limelight". We left there at 5 o'clock and I went off on my own with Jennifer. We went to a public house and had a meal, then we made a round of various public houses. Eventually we arrived at the Star public house, Chesham Mews, where upon leaving I told Jennifer what I had done, that I had murdered my father and mother.

'It upset her very much and we just moved on to further public houses drinking. I told her that she would not be seeing me again.

'I had previously booked a room at the Regent Hotel in the name of Gregory. I think I told Jennifer that I was staying with relatives at St. John's Wood.

'Later I took a taxi after closing time and took Jennifer back to X Street. I was very drunk and after Jennifer had left the cab and I was being driven away in the cab I remember it being stopped. I can't remember too clearly what happened.

'I had some sleeping pills which I had taken from my mother's bedroom; they were in my coat pocket. I intended to take them and kill myself.

'That's the whole truthful story. I can only say I have had a brain storm. I can't account for my actions.

'I had drunk about a half bottle of whisky on the Friday afternoon before all this happened. It just seemed to me that nothing mattered as long as I got back to London. Jennifer just fascinated me.

'This statement has been read over to me and I

have had the opportunity to make any corrections I desire to do. It is a true statement.'

This statement to the police was accepted as evidence. It fitted in with what was found at the scene of the crime.

It is worth noting here that this 'episode' had some of the characteristics of an anxiety dream.

The subject was aware of what was happening.
He could remember what had happened.
He felt anxiety.
He could not account rationally for what had taken place.

This parallel with the dream is supported by the equally sincere statement he made to a psychiatrist who examined him while he was awaiting trial:

'My father went off about 2 p.m. I had a bit of a headache—no severer than usual—and I've had headaches as long as I can remember. I went upstairs and lay down, taking 4 aspirins.

'Then about 2.30 p.m. I thought I'd like a drink, so I went downstairs and got a recently opened bottle of whisky, went into the smoking room and drank glasses of whisky, with twice the quantity of water to each tumbler, until about half a bottle of whisky had been taken, up to 5.30 p.m. (i.e. in three hours). I did a crossword puzzle in *The Times*, which I couldn't complete, my mind wasn't on it, it was on various things—I thought of going to Twickenham the next day. The whisky made me feel cheerful. I went out for some more water to the kitchen between 4 and 4.30 p.m. and saw the gardener, and gave him a bottle of beer and talked to him. I'd never given him anything like this before. I think the whisky had some effect on me.

'I returned to the smoking room until 5.30 p.m., when I rang Jennifer up from the smoking room and told her my father was probably sending me to London; during that conversation she was reluctant that I should go, and I remained in the room, and just after 6 p.m. she rang back to say of course I must go and have breakfast—her mother had said so, and I said I'd see her at 8 a.m. and would ring her about 8.30 p.m. when my father and mother were both in to let her know definitely, because my father said at lunch-time he'd think about letting me go up to London and use the car, and I took it from his attitude that it would probably be all right.

'I then went back to a book, *Randall and the River of Time* by C. S. Forester, about a soldier in the first world war who gets inveigled into marriage and he catches her in bed with someone else, and kills her lover by pushing him out of the window and killing him.

'Then there is his trial. I'd read the whole book before. He gets off with manslaughter. I think I'd read up to where he's got married, that evening.

'About 7 p.m. I turned on the wireless, listened to Radio Newsreel, and at 7.25 p.m. I went out to the kitchen and put potatoes on the stove for supper.

'Just after, as I was going to get sausages out of the larder, I saw the light of a car on the scullery window. I didn't know who it was, so I went out to get the garage doors open.

'But when I went out I saw the Triumph car in the garage by then and I spoke to my mother—I asked her if she had had a good meeting and said I would go over and let the Richardsons' cat out (they were away for the week-end) if she didn't want to go over.

'While standing by the garage doors I heard the Standard Eight coming down the drive, so I swung the garage doors round for him to get this car in.

'He drove in, got out and spoke to my mother. I shut the garage doors. Then my mother went indoors.

'I spoke to my father, intending to find out about his verdict on my going to London.

'I don't remember saying anything to him—the next thing I remember is being in the kitchen in the house and seeing the clock pointing to 8.15 p.m.

'I looked round the kitchen and saw my mother on the floor and I didn't know at that moment why she was there.

'I saw there was blood all over the place and she was bleeding. That was the first moment I realized I had that piece of iron pipe in my hand (there was another of different shape and heavier in the garage) —I don't know where this piece had come from, it might have been the garage.

'That is the moment when the pictures suddenly came into my mind like still photographs, of, first, a bit of bar striking my father's head; there was his hat and the end of bar and his hand with a piece of flex in it (from the battery charger) and a glove on his hand. It was completely silent.

'Second, is of the bit of bar against the back of my mother's head in the middle of the kitchen with the Aga cooker as a background with the potatoes on, and the corner of the kitchen table and the window in view as well, and this also was completely silent, and with no action in either of them.

'Third, of my father sitting on the ground with the door of the Standard open in the angle between the door and the body of the car; he hadn't got his hat on, and his head was lolling against the seat, blood on the side of his face and down his coat collar.

'There were just these three pictures, like a snapshot from a camera, and I was not in them myself; they were like three lantern slides which clicked on one after the other.

'My feeling was one of horror, I stood transfixed; then I looked at my mother and I thought she was dead. My one idea was to get to London to see Jennifer, to see her once more; I realized I must have killed my mother and that that would be the last time I'd ever see Jennifer.

'I went quickly to the telephone and rang up Jennifer and told her I was definitely coming to London—I forced myself to be cheerful.

'I then went from the smoking room, took a

suitcase from the hall, went upstairs, put some clothing in, went to my mother's room, took some jewellery, took some luminal tablets, a boxful from my father's dressing room, went out to the garage, put the case in the Triumph, backed the car out, damaged the wing against a wall and knocked the door handle off and heard it fall.

' Then I realized the maid would be back at ten, and if she found that mess I shouldn't get to London, because I'd be stopped by the Police, as the maid would immediately ring up.

' I thought for a while as to where I could put the bodies. I dragged my mother out first, got the wheelbarrow from the coal shed, and put her into it and wheeled it out of the garden into the field; then I thought someone would find the body there, so I wheeled her out to the Point and tipped her over.

' Came back and got my father into it and pushed that out to the Point and tipped him over, but he weighed 14 stone and fell out of the wheelbarrow twice, and the second time I couldn't get him back in, so I rolled him to the nearest point of the cliff and pushed him over and the wheelbarrow.

' During that time I took a brooch off my mother and before I moved my father I took his wallet out of his coat and took all the money I could see, which was five new £1 notes.

' I went back and washed over the kitchen with a bucket and cloth—apparently (from evidence heard at Court) I used a scrubbing brush, but I don't remember doing so.

' I brushed over the garage floor with water and the yard broom.

' I picked up the iron pipe from the kitchen and put that in the car. I was absolutely smothered in blood from lifting the bodies into the barrow. Then I drove off.'

In this account (which was not used as evidence) some of K's actions during the hours preceding the crime appear which were not mentioned before. Whether he did not remember them when making his first statement will never be known. Some concerning the actual crime, remembered before, have already disappeared below the level of consciousness, much as parts of a dream are forgotten after a lapse of time.

These two accounts were given weeks apart, and much had happened to K. in the interval, yet the detail of what he does remember tallies and is strikingly exact. What he reports he is certain about.

Take, for example, in the first (the statement to the Police): ' My father was doing something to my mother's car ', and in the second, when describing the first of the ' pictures ' which ' clicked on ' he says: ' There was his hat and the end of bar and his hand with a piece of flex in it ' (from the battery charger).

His recollection of the ' episode ' is like that of most dreams, viz. of action, or is visual only. He does not report any words or remember any being spoken. The reading of the novel (a deliberate choice) seems to have been what one might almost call the ' stimulus ' to the ' dream ', and the jealousy of the boy who might have taken the girl to Twickenham at the week-end, if K. had not been with her, a corresponding real-life situation which could have been one precipitating cause of the outbreak.

Although I am not directly concerned here with the legal aspects of this case, I feel, and felt strongly throughout the trial, that the fact that K. remembered much of what had happened, and could give what appeared to be a lucid account of the crime, was one of the main reasons for his being held consciously responsible for it.

If anyone could have pointed out to the jury that we can all do both these things (remember and give an account of) in connexion with a dream, yet cannot stay the course of it however painful it may be to ourselves, and that the accused had experienced a waking nightmare (not unlike that of a sleep-walker), the progress of which he was equally powerless to stop, the outcome of the trial might possibly have been different. It would have been easy to make the link between this ' schizophrenic episode ' and severe night terrors from which he had suffered in childhood.

We can compare this case with that of Gordon, tried in Belfast about a month later for the murder of Patricia Curran. Gordon said he could only very partially recall what had taken place. He nevertheless had sufficient reality sense and recognition of his situation afterwards to impel him to try to provide an alibi in order to escape detection. Without any history of previously recognized mental illness (whereas K. had a long one) he was found ' Guilty but insane '. Among several possible causes contributing to different verdicts in the two trials it seems to me that the being able to remember what happened, or not, was the most important internal one.

Facts not to be found in either of the statements my patient made, but which came out during the trial, throw some light on the confused state of his mind for twenty-four hours after the murders, especially if it is assumed (as held by the Prosecution) that he was trying to cover up the traces of his crime. I am not assuming this.

Having thrown away some of his blood-stained clothing, he not only took the rest with him to London and left most of it in the car, along with blood-stained letters and bank notes, but went about all night and all the next day, until the time of his arrest, wearing a shirt the sleeves and cuffs of which were so deeply dyed with blood, as was his tie, that it is difficult to understand how they could have escaped the notice of everyone who saw him.

The street where he left the car was the first place in which the Police would look for him. The gardener who posted his letters knew Jennifer's address.

He gave his own name and home address to the

jeweller who bought the jewels, yet took a room at the Regent Palace Hotel in the name of Gregory (no reason could be found for the choice of this name). Although he told Jennifer that he was staying with his uncle, he gave her the number of his room at the hotel.

During that evening he spoke of marrying her and shortly afterwards told her that he could not see her again.

It was only during the evening that he had taken much alcohol. If it is thought that this accounted for the absence of moral sense, it is strange that the realization that he 'had done a dreadful thing' should be keenest at the moment when he had drunk most.

Throughout the day he had appeared quieter than usual (perhaps this was not surprising as he had been driving the greater part of the night) but otherwise normal.

The events of this day illustrate most vividly those fluctuations in the relationship between the ego and the rest of the personality in schizophrenia mentioned by Herbert Rosenfeld and others at the Psycho-Analytical Congress this year.

I am strongly of the opinion that at no time during these twenty-four hours did it occur to K. that the police would try to trace him. It is true that, in his second account of the crime, he takes the police into consideration, but they appear, together with the maid, only as another set of 'bad', phantasy parent figures whose aim, like that of the dead parents, is to prevent his reaching the desired love-object. Having attained his end, he does not seem to have given them another thought. He is reported to have said to the Detective-Superintendent before making his statement: 'Let us clear it up with as little trouble as possible', much as if he had broken a window which could be paid for and the matter would then be settled.

This complete inability to relate his actions to their consequences is illustrated by a letter he wrote to Jennifer four days before the murders. In it, after telling her that he had had 'a terrible row with' his father, who had forbidden him to return to London, he said: 'I am terribly fed up and miserable as I was especially looking forward to seeing you to-morrow. And now God and the old man know when I shall. Short of doing him in I see no future in the world at all.'

One has only to ask what future he saw if he did 'do him in', to realize that K. was living in a world in which the reality of execution for a deed of this kind had no place.

Again, he writes to her from prison, when he has been there about three weeks (in one of seventy-eight daily letters):

'You know there is going to be a hell of a lot of unpleasantness between now and February. . . . I think it would be much better if you tried to forget about me. Anything can happen . . . I think you should go out and see people. After all, if everything is alright we can still take up where we left off.'

Even at that time he had no idea that only two grim alternatives lay before him.

One remarkable feature of the two statements is the record they contain of apparently pointless lying to Jennifer, and of his need to find reasons for this, that is to explain himself to himself.

Lying of this kind and inability to appreciate the realities of his own situation form part of the background of the personality against which this homicidal breakdown has to be considered.

K. M. was born in 1925, and his younger brother four years later. There were no other children in the family.

His childhood was dominated by the conventional social aims and standards of his parents and by their determination to send him to the well-known public school at which his father, who was a solicitor, had been educated.

From a brief, unpublished life of my patient, written by the uncle who undertook his defence and who had known him since he was a little boy, we learn that as a child he had always seemed somewhat nervous and that he was exceptionally tiny, that the nurse who looked after him from the time he was two years of age was severe—even cruel—to him. She bullied him, beating him and locking him up in dark cupboards. We are also told that this treatment had such a bad effect upon him that the family doctor was called in on account of the child's very nervous condition and that he advised the dismissal of the nurse.

K's mother could not, or would not, believe that the nurse was ill-treating him, and in spite of the fact that her friends, who knew that this was so, besought her to get rid of the nurse, she kept her for two years. At the end of that time the nurse left of her own accord.

The first witness to be called by the defence was the woman who, at the age of sixteen, then became his nurse. She stayed five years in that capacity. The report she sent in to the solicitors takes up the story of his life. Some extracts from it are as follows:

'K. was four years old when I went there. The main thing I remember about him which was out of the ordinary was the fact that he suffered terribly from severe nightmares. Very frequently, indeed several times a week, he would start screaming in his sleep. I used to have to leave my supper and go up to him.

'I would find him sitting up in bed staring wide-eyed and pointing in terror at something in the room. He was very far away and talking to him did not seem to register at all. I never knew what it was he used to point to. He was trembling violently, and this lasted for some time. It would take about twenty minutes or even longer for him to come out of these nightmares. He would not know that you

were talking to him and it was necessary to slap his hands or even to get a sponge and bathe him gently in order to bring him round. Even when he was brought round it was possible for him to start off again very shortly afterwards.'

In evidence this witness added that she and the maid sometimes walked K. up and down the corridor in order to wake him. In answer to a question, she said that he had had these attacks throughout the five years she was with the family.

'His mother was extremely kind to him always and I never saw either parent ill-treat him physically in any way at all.

'For a long time after I became his nanny (and he was extremely attached to me) K. was an extremely nervous little boy. He would be playing quietly on the floor in the nursery and if I came into the room suddenly he would start up in terror and scream and run wildly into a corner cringing to the wall and shouting "No, no, please don't".

'Things would easily get him down. Lessons particularly worried him, and I think perhaps his parents were a little hard on him in this respect. He was having lessons before I went there. His mother taught him up to about twelve months before he started at a day school, and for that twelve months a lady teacher came to the house.

'K. was a much more serious child than his brother and was a very reserved, grave little chap. There was not an unkind streak in his make-up and he loved animals and was most kind and thoughtful to everybody.

'He was easily upset, particularly when criticized by his father. Something would be said to him, or he would be asked something in connexion with his lessons by his father, and he would very easily burst into tears. This would make his father annoyed, and his father was constantly saying to him, "Don't be such a little baby. You really are a baby." This would distress him more than ever.

'K. was very affectionate by nature and loved his mother deeply. I can remember how delighted he was whenever she said to him "Would you like me to come and have tea with you in your nursery?" K. would clap his hands in glee and literally dance about with joy to think that his mother was coming to have tea with him and perhaps play a little with him as well.

'Father had a rather peculiar streak, I feel. I cannot say from my own experience that he was cruel in the normal sense of the word, but I had the impression that there was a sadistic side of him. Two things stick out in my mind after twenty years. One was that he was particularly finicky about his food and always insisted on a thin slice of cake being cut off before he would have a piece of it because he said the outside piece was a "fly-walk". I can remember K. asking if he could have a piece of cake and I can clearly remember his father saying "Give him the fly-walk".

'Another small thing was when K. had been quite ill after having his tonsils out the doctor said he must be kept quiet and not allowed to over-exert himself in any way. Within one week of his operation (and he was quite unwell for many weeks after it and very pale and run down) he was being given lessons again in his bed. I can remember how upset he was and how he used to cry and fret himself.

'His father was a bit on his dignity with the children. He did not like the staff to mix with the village people at all and was very conscious of his position. When K. was about eight years old his mother said that he was to be referred to as "Master" K. as far as people outside the house and family were concerned.'

K. attended a day school from some time in 1931 or 1932 until 1934. There is little information about his behaviour during these years except that he frequently screamed and fought to avoid going. He was then sent to a preparatory school.

The nurse continues her report:

'I left shortly before he went away to school and he was extremely upset when I went. He had no wish to go and was very sad because I had gone. To lose the nannie he loved and be pitchforked into a strange school he did not want to go to all within a week or so was undoubtedly a shock to him.

'Shortly after I left I received a little parcel of faded primroses which K. had picked himself and inside was a note from his mother saying that he had insisted on them being sent to his "dear nannie". He was a most obedient little boy and gave no trouble at all except for these nightmares.'

His uncle, writing of the years at the preparatory school, says:

'His reports were not very satisfactory. He was abnormally dirty and seemed unable to concentrate, though he showed some ability at mathematics and cricket. He did not get on well with the headmaster and was frequently beaten. He was an exceptionally small boy for his age, and seemed to feel this.' (The reports contained such phrases as 'He tends to lead the life of a mole'. 'He seems content to be a sort of Ishmael.')

This uncle also says of K.'s father, who later became alcoholic:

'There is little doubt that he did not understand or sympathize with his boys. I remember my mother deploring the severity with which he treated K. as a little boy. That neither of the boys was allowed to speak at meals unless spoken to gives an indication of the attitude of my brother to the upbringing of his boys.'

K. entered his public school in December 1939. The following are extracts from reports from this school:

'Cannot concentrate for two minutes on end.'

'Gets very little done as his mind is seldom on the job.'

'Idle, forgetful, inaccurate—but he has some ability.'

'He is mentally so immature that he ought to be under private instruction, or almost so.'

Housemaster's report:

'His disregard for the truth is to my mind even more disturbing than his poor work. One does not expect much sense of responsibility at his age, but in him it appears to be entirely wanting. So far the attempts to bring him to a reasonable frame of mind have been quite unsuccessful.'

In a statement made to the police shortly after K.'s arrest, his housemaster says:

'He was anything but an ordinary boy, and after his fourth term his father decided, with our full approval, to take him away . . .'

'He met with no success in his work here, and in his reports from 1940 I find such remarks as "Incorrigible", "Wasting his time", and finally "Would be better away". My own memory of him, as his housemaster, is that he was unusually dirty, and that he was as likely to tell a lie as the truth on any occasion, not to gain anything for himself or even to get himself out of trouble, but almost as a habit.

'Another possibly significant peculiarity of his was the habit of screwing up and biting the sheets on his bed to such an extent that he often made large holes in them. The one department of school life where he seemed to be at home was on the cricket field, where he showed distinct promise even as a small boy.'

It was at this moment that the parents, on the family doctor's advice, consulted a West-country psychiatrist (to whom I was acting as assistant), and in January 1941, when K. was just fifteen, he was sent to me for analysis. His home was too far away for him to attend from there, and it was arranged that he should live in the city with a grandmother, be coached by a tutor, and come to me four times a week.

The first impression he made was that of a courteous well-bred little boy of about twelve years of age, who was not yet through the untidy and grubby phrase of development. His face, though round and rather child-like, had a strange pallor, and his hands were badly cyanosed.

The only piece of really abnormal behaviour reported to me had been his biting holes in his sheets, but it was not long before I discovered that I was dealing with a very pathological personality.

He was almost completely inarticulate at analysis except that occasionally, as he came into the room, he would make a polite little excuse for being late. He would then relapse into the settled gloom which seemed to be his prevailing emotional state at that time.

At times, the well-mannered public-schoolboy was so clearly a superstructure that one could almost have thought it a conscious playing of some rôle. His identification with his father later in life too appears to have had this quality. I am told that his father took *The Times* and always did the crossword puzzle, and that K. insisted on taking *The Times* and talked a great deal about doing so. Even in prison (while awaiting trial) he used to try, unsuccessfully, to do the crossword, and it is significant that he mentions his attempt to do it during the afternoon preceding the murders, just when he most needed the reassurance.

I gave him a paper pad to use at analysis but do not remember his ever having written or drawn anything on it. When he did anything at all, he would sit scribbling all over the cover of the pad or scoring it with a pencil and making deep holes almost through the pad. He gnawed the pencil throughout its length.

He showed no feeling, not even the fear which must have prompted him to stay away or sometimes to come very late. He missed twelve appointments out of the possible forty-five between January and April 1941.

The arrangement with the grandmother did not work out well. K. was getting no games, and cricket was almost his only satisfactory sublimation. The psychiatrist therefore used his influence to get him into a west-country public school. He was accepted with regular treatment as a condition.

The distance from the city entailed an hour's journey each way, and twice a week was the utmost that could be managed. He had twenty-five sessions that term and did not miss any.

All the psychiatrist's notes, and any reports I may have sent him, were destroyed when his house was burnt out in an air raid, but one or two letters relating to that time are extant, and I will quote from them.

The first is from his housemaster to his mother, written when he had been at the school about a month.

'The general opinion of the masters who take him is that his work is rather intermittent so far. I have spoken to Miss Sheehan-Dare on the telephone about this and she suggested that I should do nothing about it (save for a word or two of encouragement) at present.

'The monitor of his dormitory tells me that he sometimes talks in his sleep. The monitor asked me if he had been bullied in the past, as his ramblings suggested this.

'I am afraid this will not read very encouragingly, but I feel sure that he has settled down here and is happy. He is a very good cricketer and has played two good innings in the two house matches we have had.'

The second is from the psychiatrist to the family doctor, written after the end of that same term.

After explaining the difference between introvert and extravert types and the sort of illness each is liable to if he breaks down, this psychiatrist says of my patient:

'Now, up to the middle of June the position was that he undoubtedly belonged to the introvert type and had been subject to very considerable emotional

disturbances, which gave rise to psychological difficulties. But there was something beyond that, and he was showing an almost complete lack of any insight whatsoever into the gravity of his position. According to him, his relationship to his home was excellent, to his previous school the same, there were no difficulties with his friends, in fact he had not any difficulties anywhere; and even the amount of interest displayed by other people in him and their anxiety to help him produced no particular result. So it became more and more apparent that, apart from his psychological difficulties and introvert make-up, there was a constitutional factor at work; and I had begun very seriously to consider as to whether we should not have to use physical means of endeavouring to bring about a change.

'But about the middle of June a change began to be apparent. Instead of being very unpunctual and at times inclined to break off his appointments (resistance to treatment) he began to arrive punctually and to be much more active towards what was being done. The report from his housemaster showed improvement, his work improved. And ultimately he ended up by having the best school report he has ever had, as well as a very satisfactory House report from his very careful and painstaking housemaster.

'In spite of this, I don't feel like altering the assessment I have given you in the slightest. But I do think that we should perhaps just feel thankful that we are getting some results at last and that the door which was slowly closing entirely is already opening again towards the outside world. We have got to go on, if we are to stop him from breaking down mentally when he reaches adolescence. And, although I think that the prognosis here should be regarded with very great caution, as far as it goes now it is distinctly better at the moment. That is as far as I can go at present.'

I do not know to what this apparent improvement was due. At this distance of time I cannot remember what interpretations I gave him. There seems to have been a shifting of symptoms and repressions. His work improved and he passed the School Certificate Examination before leaving school. The atmosphere of the school was sympathetic, and the twice weekly journey enabled him to escape from the other boys. There is little opportunity for being alone at boarding-school.

During the next term, autumn 1941, he continued to come twice a week and kept all his appointments.

After that, his need of time for both work and games increased, and he appeared, to the people in his environment, to be less in need of treatment. How much this was merely an appearance will be seen from evidence given at the trial by a schoolfellow.

I was strongly opposed to his being dropped suddenly and unexpectedly. At that time analysis was a revolutionary method of treatment in the West country and daily analysis unheard-of. One session a fortnight was conceded by his parents.

K. always remembered to come, and throughout the year 1942 he only missed two sessions although the city was being bombed by day as well as by night. He came fortnightly until March 1943. I thought he probably did so largely in order to get away from school and be able to wander freely about the city, and for the reassurance of seeing me alive. When, at the end of that term, he himself suggested (in the form of a message from his parents) giving up analysis, I agreed. He had had a total of 100 sessions, or part-sessions, spread over a period of two years and three months. He left school in July of that year.

A contemporary of K.'s, a former pupil at the same school, when he read of the murders, wrote and offered to give evidence because he remembered how abnormal K. had appeared to be at that time. He writes:

'He was in the same house as I was and for some time slept in the next bed to mine. There was some mystery attaching to him. He was already 15 or 16 years old when he came and we believed that he had come from another public school.

'Though normally quite a cheerful person he used to curl up in a timid fear when threatened in any way and we always believed that he had been bullied excessively. On one occasion I remember when in no way threatened he had a fit, threw himself on the floor and cried "Don't hit me! Don't hit me!"

'I have also just learnt another story about him from a friend of mine who shared a large study with him. On this occasion he flew into a rage and threatened to cut himself with a knife. A moment later he did so, jabbing the knife into his leg. The shock seemed to have brought him round sharply as he shuddered, pulled up his trouser leg, and in a frightened voice said, "Look, it's bleeding".

'I don't remember anything more about him. He was not a close friend of mine.'

Neither of these incidents was reported to me at the time. When questioned about them in prison, K. did not remember the 'fit' at all. He recalled, rather dimly, something about the stabbing, but, in spite of having borne the scar ever since, he thought it had happened to another boy. This is the only clear indication we have of dissociation in adolescence.

The rest of his life story, taken from the brief biography already mentioned, is as follows:

In December 1943 K. was called up and joined the Navy. He served as a seaman on the lower deck for approximately four years, during which he spent much of his service in destroyers in the North Sea and the Far East. He was released in March 1947. There are no reports of abnormality during his naval service, but it seems significant that with his educational background he did not rise above the rank of seaman.

When he left the Navy he was articled to his father. This was not a success. He did not like the law, his old lack of concentration and idleness

reappeared, and he was markedly untidy and unkempt. Part of his time was spent with a firm of legal coaches in London to prepare for his examinations. He did not work and more often than not failed to attend lectures. He failed in his examinations. While in London, some cousins who saw something of him described him as having deteriorated, as being careless of his appearance, and not strictly honest about money.

As it was obvious that he would make no career in the law, his father obtained a position for him with a firm of land agents and auctioneers in Hampshire, and he joined the firm in the spring of 1950. He was no more successful here, and after some eighteen months was dismissed for appropriating a sum of some £70 from the safe of which he was put in charge while a colleague was on leave. He received about this time a sum of £750, part of a legacy left him by a godfather. He squandered this in about six months on drink, hiring cars, etc. in the Bournemouth area.

The tale of his further decline into a state of complete inability to fend for himself is given in his own words in his statement to the police which has already been quoted.

K.'s father formerly sat as Under-Sheriff in the Court in which my patient was tried, and the psychiatrist consulted in 1940 sometimes met him there. Three years ago, learning, on enquiry from him, of K.'s rapid deterioration, this psychiatrist strongly advised him to seek further psychiatric treatment for the boy. This advice was ignored. The home doctor's attitude seems to have been that K. was a disappointment and a disgrace to his father, and that the less said about him at home the better.

The course of K. M.'s illness can be traced through three phases:

(1) That of extreme anxiety, expressing itself in night terrors, waking anxiety attacks (it is not clear what these were, but they included lack of recognition of the nurse he loved or at least of her attitude towards him) and sensitiveness to anger or blame. The seriousness mentioned probably indicated some depression. During this phase he had the capacity for intense feeling of every kind.

(2) Beginning with his boarding-school life:

That of depression, solitariness, and the increase of intellectual inhibition and lack of concentration.

These symptoms were carried on into his public-school life. To them were added lying and some fiercely oral-sadistic behaviour (biting holes in his sheets).

By the time he was fifteen his sense of reality was greatly impaired, as was his capacity to feel.

(3) The most obvious features of the third phase (the last five years of his life) are alcoholism and minor delinquency. On returning to civilian life he becomes a county cricketer but fails at everything else. During this phase he seems to have become capable of emotion again, at least in certain areas of his personality.

He was sexually promiscuous during the last year or two of this time. His relationship with Jennifer was different from his other attachments to women; it more closely resembled the beginning of an ordinary love relationship. He had been sexually abstinent for about eight weeks before the crime.

I have not been able to find out whether the lying began at the prep. school. The reports take us only up to 1937. There were no complaints of it in the nursery or at the second public school. This significant fact points to the conclusion that it was a mild confused state which came on under conditions of (for him) intolerable strain. It was true to say (as people said) that he did not know when he was telling a lie.

His endeavours to find reasons for his lies (as in the statement to the police) can be seen as a groping after reality, an assuring himself that he is in control.

When the homicidal impulses have taken complete control and he has killed his parents, he says, 'God knows for what reason I hit them', and again, 'I can't account for my actions', but when he has moved in the twilight of a confused state he tries to account for what he has said.

No rational reason can be imagined for his telling Jennifer that he was staying with his uncle, or that he had put the car in a garage when she could have seen it standing in the street.

The assertion that he was up in London on business for his father, which he tries to explain by saying that he was putting on 'a bold front', could be seen as an unconscious denial of the murders. (If he had been on business for his father, the father would still have been alive and the possession of the car legitimate), but he had already given this to Jennifer on the telephone, during the afternoon before the murders, as a reason for coming.

The phantasy of being a guest of his uncle in St. John's Wood sets the scene back several years to a time when he was studying law with a view to entering his father's office and his father's profession, and therefore, like that of being in London on business for his father, contains within itself the combined phantasies of being on good terms with his father yet identified with him.

The prominence he gives in his statement to the police to the confession of his 'lies' (about which he is not being questioned, and which have nothing directly to do with the crime) is significant. It comes next to his avowal of the murders and throws some light on the probable source of his earlier lying at school, where he felt himself to be so much threatened.

The 'bold front', the identification with the father after having symbolically robbed him of his potency (the car), bears witness to the almost complete absorption of his personality by, and into, his phantasy life at this time.

The need to 'keep up an appearance' (as he puts it) followed him to almost his last hours.

From the condemned cell he writes:

'The worst time is waking up in the morning. I am never alone, but always have two prison officers with me, which at least makes me keep up an appearance.'

After the trial K. became what one observer called 'far more normal and recollected'. He faced death with great courage. One reason for this may be found in one of his last letters:

'. . . and don't you think it really rather a merciful end to three months of the most utter hell you can imagine?'

Evidence that K. was not devoid of moral sense and was capable of a good deal of altruism is to be found in the letters to Jennifer already quoted:

'I have had a terrible row with the old man, made worse by the fact that as usual he is right.'

And, from prison, he is ready to give her up in order to spare her unhappiness.

How then is it that he had so little realization of the gravity of what he had done and seemed so utterly callous about it? People visiting him in prison were struck by this attitude, and he himself remarked to one of them:

'I don't seem to have any comprehension of the dreadful thing I've done. Do I?'

A psychiatrist, examining him in prison before the trial, thinking it would be interesting to find out (since K. had had fleeting suicidal impulses) whether he still felt depressed, asked him:

'Do you want to die now?'

(*Answer*) 'No, I want to live.'

Asked if he had any special reason for saying this, he replied:

'Well, quite frankly, I want to live to see if England can beat the Australians at cricket this year.'

This absence of feeling was probably in that area (if one can put it thus) over which the sense of reality was impaired, and I should like to suggest that perhaps feeling of responsibility is in proportion to the extent of ego-control at the time an action is carried out. It is normal to feel no responsibility —and no remorse—for what happens in a dream.

I am not, of course, unmindful of the part played here by the denial of unconscious guilt and the many other factors which may have contributed towards this attitude, but it is clear that insensitiveness is, in this case, limited to certain happenings and to part of the personality only.

There is a subject, perhaps not entirely relevant to the main purpose of this paper, which I feel I must touch on, since it might have great practical importance in cases of this kind. It is that of possible danger-signals which could be read by people in the environment if they had even a little insight.

As my observations are based on two cases only, they may have no value whatsoever. I will make them, nevertheless, since it is possible to do so out of such an exceedingly limited experience.

K. was preoccupied during the day (probably days) preceding the crime, not only with his intense desire to return to London, but with the entirely unreal belief that his father would lend him his car for this purpose. Nothing could have been further from probability. It is certain, as far as anything about it can be certain, that he would not have done so, yet so much was my patient possessed by this idea that none of the other possible ways of making the journey seems to have occurred to him, and he interpreted his father's manner at midday as fitting in with his own wishes.

One gathers, from his letter written earlier in the week, that he had accepted his father's decision that he was to stay at home, but, as tension mounted, his sense of reality weakened. The mere fact that he expected his father to lend him his car and asked him (at lunch) to do so could have been a warning of deterioration to anyone able to read the signs of it.

A comparable case is that of Winstanley, who shot at and slightly wounded Lady Derby, and killed two of his fellow menservants.

Evidence given by other members of the domestic staff at his trial showed that he had been preoccupied for some time with the entirely unreal belief that he could sell for £220 a pistol he had bought for £3 and a pair of trousers.

You may remember that he gave as his reason for seeking out Lady Derby that he thought she would help him to get rid of his gun.

The problems which the case of my patient leaves us to solve are those of the relation between consciousness, ego-control, and the feeling of responsibility. Can responsibility, in the legal sense, be measured? And, if so, how?

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PSYCHIC SELF-ABANDON AND EXTORTION OF CONFESSIONS

By JAMES CLARK MOLONEY, M.D., Birmingham, Michigan

Abraham Kardiner (10) some years ago reiterated the concept of ' bound cathexes ' as representing mastery (e.g., oral mastery). ' Bound energy', he said, ' has somatic connections which are fixed, and the qualities associated with each are specific and not freely interchangeable. Its functions are executive. . . . It can be directed toward the outer world or against the ego itself.' In my opinion, energy not only is bound in the ego structure but also in the battle-line established to preserve the ego from being overcome by the superego. It is along this battle-line that armed neutrality exists.

Even during the helpless dependency of infancy the individual can sense whether his mother is compulsive, perfectionistic, and dominating—or permissive, warm, and relaxed. Recent studies in child development indicate that somewhere in his fibre he knows whether his mother requires unconditional obedience and submissiveness. Many individuals who have been dominated by their mothers actually are afraid to accede to any request of the mother-patterned superego even if the request is legitimate, reasonable, and intelligent—lest by giving in even a little they be tricked into meeting *all* of the demands of their superegos, and thereby become merely the superegos' carbon copies or ' stooges.' Out of their fear they develop rebellious attitudes toward the superego and toward the mother, establishing intrapsychically an armed neutrality between the self-system and the mother-system.

The paralysis of armed neutrality engendered in infancy may remain with an individual into adulthood. To maintain an apparent adjustment to the world around him, such an individual must constantly battle within himself, his self-strivings perpetually entrenched in opposition to the mother-inspired demands of his superego: entrenched, yet always seeking to gain an inch against the ' enemy.' But if the individual finally relaxes in his inner struggle, if he gives up trying to maintain this armed neutrality between his self- and mother-systems, then he may experience a theophany—a blinding flash of ' inspiration ' which seems to light the way toward resolution of his inner conflicts. He readjusts his whole psychic focus and surrenders his self-strivings, his own internal rhythms.

A theological concept closely associated with theophany is *kenosis*, defined by Webster as ' Christ's action of " emptying himself " on becoming man, humbling himself even to suffering death .' Webster refers to Philippians ii. 7 (Revised Version), which says Christ ' emptied himself, taking the form of a servant, being made in the likeness of man.' The *Abington Bible Commentary* (6) interprets this passage as meaning that Christ ' divested himself of the divine glory which he had when in the form of God. . . .'

Whatever its theological significance, psychologically speaking the process of kenosis is one experienced by many men; but there seems to me to be another meaning than the one attributed to it by theologians. Rather than kenosis being an emptying from the God (authoritarian) system into the self-system, I conceive it as being exactly the opposite: the memorial self-system empties into the memorial authoritarian-system, creating a psychic self-abandon. God does not, I feel, become man, but through the experiencing of God in theophany and related occurrences man becomes God or, through experiencing an inspiration, becomes God-*like* in the sense of becoming able to comprehend or achieve what was formerly felt difficult or impossible. It is the sudden release of bound energy noted earlier which constitutes the sense of emptying, and the flashes of inspirational light.

Albert Stunkard (13) described a facet of the training of Zen Buddhist priests in which a type of theophany, or sudden enlightenment, known to the Zen followers as *satori*, is experimentally induced in each novitiate. Every Zen novice works under a master (a Zen priest), whose more or less constant presence during the train-

ing period is indispensable. The Zen master provides the novice with an insoluble problem called a *koan*, such as: A sound is made by the clapping of two hands. What sound is made by the clapping of one hand?

The novice applies himself to meditation on the *koan*, spending hours, days, weeks, sometimes months, while the master checks his progress or lack thereof. Finally, the novice becomes exhausted and gives himself up to a sense of utter defeat. But when he reaches this state, suddenly he experiences a flash of enlightenment, a 'solution' to his problem. Stunkard (13) quotes one subject's account: 'As I walked along I became aware that I was the same as the trees at which I was looking. It was not that I had ceased to be myself—but I had become the trees as well.'

The experimentally induced theophany of the *satori* contains all the prerequisites for spontaneous theophany: sustained effort, subsequent exhaustion and/or relaxation of concentration, and, finally, sudden insight, inspiration, or solution. These are also the ingredients of creative inspiration and the 'inspirational' experiences of psychotics.

Boisen (1), quoting from Hutchinson, said: 'The scientist, the artist, the practical thinker—the profession makes little difference—has before him a problem involving some explicit production or decision in life situations: For months or years, it may be, this problem remains unsolved, this creative intention unfulfilled. Attempts at solution have ended only in bafflement. But suddenly, usually in a moment when the work has been abandoned temporarily, or when the attention is absorbed by irrelevant matters, comes an unpredicted *insight* into the solution. As if "inspired", "given", ideas arise which constitute a real integration of previously accumulated experience—an answer, a brilliant hypothesis, a useful "hunch", forming, it seems, a short cut to artistic or scientific advance. . . . Thus the pattern of insightful thinking . . . involves a period of preparation, a period of renunciation or recession, a period or moment of insight, and a period of verification, elaboration, or evaluation. The process of creative thinking is the cycle of these stages in multiple and ever-changing emphasis.'

Joad (9) says in his discussion of the *Psychology of the Creative Process:* 'Modern psychological theory supports the Platonic account of the aesthetic process, more particularly in respect of its recognition of two distinct stages, the first a stage of sustained intellectual effort, the second an ensuing flash of intuitive apprehension, which are very similar to those affirmed in the *Symposium* and the *Republic*. A brief account of modern psychological work on the subject may serve a useful purpose in developing the Platonic view.

'In a well-known work, *The Art of Thought*, Professor Graham Wallas summarized the information which modern psychology has obtained with regard to the processes involved in the birth of new ideas in the world of thought and original inspiration in that of art. His summary goes beyond that of Plato's account in that it distinguishes *four* stages in the process which leads to the making of a new generalization, the discovery of a new formula, the devising of a new invention or the conception of a new work of art. The first is that of Preparation, during which a particular problem is investigated in all directions; the second, that of Incubation, during which no conscious thinking is done in connection with the problem or work of art with which the creative thinker or artist is concerned; the third, consisting of the "happy idea", together with psychological events accompanying that appearance, is called Illumination; and the fourth, embodying the working out and application of the idea in thought or the execution of the work of art, Verification.

'Particular stress is laid upon the importance of Preparation as a preliminary to Illumination. Professor Wallas speaks of the many men of genius who have done their best work after a period of idleness. But the period of idleness must itself be preceded by a spell of hard thinking, during which the intellect is working at full pressure. To adopt the language of modern psychology, we may say that consciousness during the Preparation stage propounds a problem, collects the relevant data and explores different avenues for a possible solution. A period of rest ensues during which the problem and relevant data are transferred to the unconscious. That the unconscious may work effectively consciousness must, so far as possible, be unoccupied. The solution is worked out by the unconscious, and appears in due course in consciousness as the "happy idea" of the scientist and the inspiration of the artist.

'The conclusion bears out Plato's hint in the *Symposium*. Wallas like Plato stresses the fact that the "happy idea" which succeeds the period of hard thinking is of an entirely different

order for the thinking itself. It outruns the thinking, and, although it is led up to, is far from being necessitated by it. The mind, in other words, makes a definite jump, and it is for this reason that in the sphere of science a subsequent process of " Verification " is necessary ' (9).

Boisen adds that the schizophrenic has in common with the normally creative thinker a ' period of preparation or frustration, the unpredicted insight which comes as " inspired " or " given ", carrying authority because of the way in which it comes and producing a mood of exaltation and a sense of finality. In both there is the period of elaboration and criticism represented in the flood of new ideas and a consequent strain upon the critical faculties. What is not so clear is the period of " renunciation " or " recession." ' Elsewhere, Boisen (2) elaborates: ' The origins of both Quakerism and Christianity can be found in the experience of individuals. In both cases they were men who were convinced that they had tapped anew the sources of spiritual power and were commissioned as spokesmen for a Greater-than-themselves.'

The artificial induction of a theophany by means of the *koan* bears considerable similarity to the experience of Ignatius Loyola, though his theophany was unplanned and unexpected. The Zen theophanies, as we have seen, are induced almost as if they were laboratory experiments in psychology. Loyola, on the other hand, already in bad physical shape from a wounded leg, accidentally exhausted himself emotionally through intensive contemplation of Christian philosophy. When he ceased his contemplation and relaxed, he immediately experienced a vision of the Virgin Mary. When the Zen novice cannot achieve the solution of his *koan* by arduous, concentrated application of intellect, he too relaxes his efforts and some form of theophany immediately results.

When a phantom authoritarian and a self-system reside together in the same mind, in some instances and combinations, their coexistence operates as an ' influencing machine ' (14) that produces strange and far-reaching results. It is evident on penetrating to the deepest level of the dynamics involved, that whatever the surface picture, in every instance of theophany, kenosis, psychosis, or inspiration, the individual achieves or attempts to achieve security through becoming a carbon-copy of his superego. If he does not dispute the master, the person becomes a part of the whole, a component part of the master's plan, and hence gains the master's power and protection. The unequivocal obedience and obsequiousness of every Japanese citizen to the emperor is a comparable phenomenon. The ' peace-at-any-price ' attitude, or return to the superego, which occurs in theophany and the like is analogous to the original ' togetherness ' with the mother. This corresponds with the ' elation concept ' of Lewin (11).

The foregoing evidence bears a disturbing relationship to what has become in modern communist intelligence circles the routine technique for extracting information or ' confessions ' from captives. One may reasonably assume that the now familiar interrogation methods, which are virtually identical whether applied in Russia, China, Spain, Hungary, or Czechoslovakia, were developed by the Russians and taught to their communist puppets in other nations. Certainly the Russians, with their profound knowledge of psychology, and their communist pupils in other lands seem deliberately and calculatingly to exploit ' religious ' experience in a manner reminiscent of the Zen Buddhists. The difference in application of the method is one of degree only, the Zen training lacking the overtones of cruelty and fear associated with the communist questioning methods. There is also somewhat less emotional and physical stress involved in the Buddhist *satori.*

I must, however, emphasize that there is no great uniformity in the response of their victims. I postulate that the differences in the length of time it takes for the communists to reduce various victims to the point of confession, as well as the individual's choice of escape from the communist menace *before* capture, or suicide or escape *after* capture (or unsuccessful attempts at either) is the result of acquired subconscious differences in the psychological make-up of the various individuals. Jan Masaryk, for example, may have elected suicide because of a well-developed self-system and a clear understanding of reality. He may well have understood that martyrdom resulting from submission to interrogation and imprisonment could have value neither to his countrymen nor to himself. One-time Czech President Beneš may have escaped from the range of the communists because he, too, was unwilling to surrender self to authority and because, realistically, he knew that he could better serve his people as a free man rather than as a prisoner of the communists. I have a strong feeling that even if Beneš and Masaryk had been put through the type of interrogation to which Cardinal

Mindszenty submitted, they might never have 'confessed.'

While it is difficult to support these postulations about the Masaryks and Benešes, we have Mindszenty's own statements (5) to illustrate his predisposition to surrender to authority. That he did not, for example, differentiate his own mother from the Catholic Church, which symbolizes the Virgin Mother with Christ as the resident of her womb, nor any of these from his homeland, can be established from the prefatory statement in his book: 'If this book should make these three stars—Mother, Church, Homeland—shine more brightly, we should be very happy.' He also shows clearly the strong domination of the superego in his life: 'God himself could raise the mother no higher, give her no greater glory, than that He Himself, who has called the worlds into being, who commands the winds and waves, who holds the primeval mountains in His hand—than that this almighty God should descend to a woman's womb and become her child; and she, His mother.'

There can be no doubt that Mindszenty's preoccupation with the concept of becoming secure and powerful through the surrender of self to the greatest power of them all—his God idea—predisposed him to the response elicited in his experience with the communist intelligence. For him the surrender of self-system to authoritarian-system was natural, as was the very principle of martyrdom.

In October, 1952, I was able to obtain further confirmation of my beliefs regarding the psychodynamics of the communist interrogation methods. Acting on my behalf, a trained social worker personally interviewed Robert Vogeler, the American business man who fell into the hands of the communists in Hungary.

The worker had prepared questions, but Mr. Vogeler, without prompting beyond the query, 'Did you actually sign what the communists call a "confession"?', presented the information out of his own strong convictions and careful analysis of the interrogation procedures as he had experienced them.

He described the entire procedure—which, with relatively few exceptions, was limited to mental or psychological torture—as a 'conditioning process.' First he was subjected to isolation for several days, after which he actually welcomed being summoned before his inquisitors. The association began on a level of friendly conversation. The questioners pointed out that they had also suffered at the hands of the people Vogeler represented—the capitalists. They implied sympathetically that he was now in the same position in which they had been—a political prisoner. Soon, however, their initially friendly conversation turned towards efforts both to indoctrinate and to trap him.

To accelerate the process of breaking him down, Vogeler was constantly plied with stimulants. Cigarettes and coffee were routine, and he is convinced, from the extreme lightheadedness which the coffee induced, followed by a marked let-down, that a drug similar to amphetamine was added to the beverage much of the time. The first questioning continued for seventy hours without cessation except for brief interludes in which the chief examiners left the room. Each time he became drowsy and unclear they gave him more coffee. At all times during the questioning and in his cell bright lights shone in his eyes.

After seventy hours of interrogation Vogeler was placed in solitary confinement for about ten days. The only clothing left him was his trousers and shoes. The cell was cold and wet and equipped only with a steel bunk with slats and pillow of wood, lacking mattress or covers. His only method of gauging time during this period was the arrival once daily of a single slice of bread and some water passed through the window in his cell door. In adjacent cells he could hear heavy thuds, screams, and groans, sounds highly suggestive that other prisoners were being beaten. Mr. Vogeler said that the sounds seemed genuine, but he felt that they may have been faked for his benefit, adding more unknown fears to his uncertainty.

When the communists saw that Vogeler was beginning to wear out, they presented him with a vicious accusation. It was apparent that they expected him to react negatively, but his refusal to agree to a preposterous statement brought a resumption of the questioning. In time, twenty such accusations were made, each less preposterous than the last, which he failed to sign.

Mr. Vogeler emphasized that the entire imprisonment and interrogation had been like a carefully rehearsed play, full of dramatic techniques and stage-effects. The cell door would be opened suddenly and then, as if discovering he was in the wrong place, the guard who had opened it would as suddenly retreat, always slamming the door hard behind him. There was much whispering—seldom loud talk, but persistent, almost constant whispering—which he described as far more disturbing than loud

voices might have been. He was led to his questioners after sudden, rude awakenings at irregularly-spaced hours. First for four hours, later for ten hours or more, a round of interrogations was punctuated by brief periods of ' rest ' in solitary confinement. He was told that he hadn't co-operated and that he would be held until he did. Witnesses, some of whom he knew, were introduced to testify against him and try to move him to agree to the accusations. Most of them had been terribly tortured. Many had had their nails pulled from their fingers. Others had had their feet beaten—a ' favourite ' form of communist torture, he said, because it is agonizing but rarely fatal, hence often productive of confession.

Another ten days or so were passed without questioning, again in solitary confinement, before Vogeler again was presented with the accusations. Many of these were in his own words, more or less distorted by being taken out of context. Finally, after sixty days, he was at the end of his tether and wrote a ' confession ' which he consciously phrased as extravagantly as possible, hoping that its very ridiculousness might transmit a message indicating his desperate position. However, the communists objected to this form of admission and a few days later they gave him a prepared list of twenty-three basic questions, with the desired answers blue-pencilled. After the ' subject ' had memorized the marked answers, he was ' permitted ' to recite them at a trial and affix his signature to his ' confession.'

Throughout seventeen months of imprisonment Vogeler prayed a great deal and spent long intervals reviewing his life, trying to discover what he might have done to have gotten himself into his present situation. He worried a great deal about the welfare of his wife and two sons in Vienna, and even feared for the safety of his German-born father in America. Vogeler was convinced that a human being could not survive such treatment as he was undergoing without support from a higher source; under such circumstances prayer seemed a logical resort. His father was Lutheran and his mother had been a Catholic, but they had given him free rein in religious affiliation, and he had been confirmed an Episcopalian. Although never profoundly religious, he had always attended Church more or less regularly and tried to live as a good Christian.

Mr. Vogeler had attended Annapolis Naval Academy and served as a naval officer, facts which the communists knew. Accordingly, throughout the questionings every possible means had been used to make him feel traitorous to his country. They succeeded well in this effort, for constantly he had been assailed by a sense of guilt and repeatedly asked himself, ' Am I *really* a traitor? *Did* I say something to betray my country? '

Summarizing, Vogeler believed that the communists seek some weakness in each subject's character—some fancied slight he had suffered in his life. With him the communists stressed the fact that he had been *used* by a big corporation, sent to Hungary to exploit the workers, to endanger his own life and to fall into his present situation. They had said that the capitalist system had *abandoned* him and that inquiries about him had not been made by the United States.

In discussing possible psychological predisposition to confession under the circumstances to which he had been subjected, Cardinal Mindszenty was mentioned. It was pointed out that Mindszenty had a well-developed maternal orientation, both in reference to his own mother and in the religious extension—the holy mother, the Church. Vogeler agreed and remarked that this may well have accounted for the fact that the Cardinal had ' confessed ' after only forty days, while with less rigid religious orientation he had held out half as long again. He agreed that Jan Masaryk was undoubtedly of a different type from either of them.

The interview with Robert Vogeler presents clear evidence of the type of superego structure with which we are concerned. Several points should be emphasized. First, Vogeler's father was German, a nationality group which puts great store by authoritarianism, especially of the father. However benevolent this authoritarianism may be in actual application, it includes a generally clear tendency to defer to the male parent as the final authority in all family matters, particularly in the disciplining of children. The father in this instance was a member of a Christian sect noted for rigidity and rather extreme deference to a still higher authority, God. One may suppose that Vogeler's French mother may have been capable of greater flexibility and freer emotional activity than the father, which may well have contributed to her son's generally adequate emotional adjustment. Yet, his mother, too, belonged to a highly authoritarian religious group. It is interesting that both parents permitted their son to elect his own religious faith; and interesting that he did

not depart far, choosing one also distinguished by clearly defined ritual and routine accession to the higher authority of God, Jesus Christ, and the Holy Ghost.

It is not surprising that Vogeler identified himself with the naval service, again an authoritarian milieu, both in obtaining an education and in pursuing for a while a peacetime naval career. The patriotism he developed to a considerable degree is but an extension of the superego involvement which must surely have resulted from the earlier familial and religious atmosphere.

The worker noted that Vogeler seemed to relate himself easily and directly toward another person and that he displayed considerable relaxation. She detected no lingering nervousness which might have carried over from his traumatic experience.

Mr. Vogeler mentioned his self-questioning of whether any of his acts might have led to his becoming a victim of communist persecution. It is clear that he felt there were certain prescribed ways of life for him, and the feeling implied is that at some point in his life he accidentally or unconsciously might have surrendered to self, rather than acceding as usual to authoritarian demands. The statements regarding conviction of support from a higher power than his own self-preservation mechanisms and the resorting to invocation of that support through prayer demonstrate again his habitual reliance upon superego forces, especially in times of stress.

I feel these statements in no wise differ from what Mr. Vogeler himself believes. He said he had been susceptible to guilt-feelings insinuated by the communists and pointed out that his patriotic and religious orientation encouraged the guilt-feelings. Perhaps most significant is his own expressed recognition of a difference only in degree between himself and Mindszenty. Moreover, it was he who called attention to the parallels and variations in the communist methods and urged that I familiarize myself with the story of El Campesino (7) and with Edward Hunter's *Brain Washing in Red China* (8).

Though the interpretations may be to some extent conjectural, such an accusation cannot be made with reference to the methodology of the communists. Vogeler and other sources all show that the communists have employed, as do the Zen Buddhists, the technique of inducing exhaustion after a prolonged period of unrelenting application of intellect to a problem. Vogeler was kept at the highest possible pitch through application of stimulants, lights, noise, and general badgering until he had reached a state of being completely exhausted, emotionally and physically. Then he was allowed to relax. At this point, and not before, he *gave up*. While for him an actual theophany did not occur, certainly the equivalent is evident in his memorizing and mouthing specious answers to specious questions. One cannot imagine more than a small portion of his normal intellect and reasoning power remaining at the time of his trial.

By obeying the communists' orders to memorize, recite, and sign the confession, Vogeler was merely acceding to the only authority which any longer seemed real to him, a parasitic superego, as Sperling (12) has described it. The authority of his captors for the moment served as the stern father, God, or military commander. To accede to them under such circumstances was identical with acceding to parent, priest, or other authority in normal life situations. This is not to say that he transferred his allegiance and became imbued with communist philosophy. Instead, he achieved a psychic transfer of the control of his self-system from the authoritarian superego-systems which had formerly governed it to this new power which now prevented his self-determinism.

Consider Vogeler's situation in the light of what occurred with St. Paul: Saul had previously surrendered his self-system to the authoritarian-system represented by Jehovah and the dogma of Judaism. When his theophany occurred, Saul resolved his inner conflict, not by defeating the authoritarian or superego-system, not by thrusting his self-system into control, but by substituting a new superego-system for the old, i.e., Christianity for Judaism.

American intelligence officers have marked the amazing willingness of Japanese prisoners in World War II to answer honestly and without hesitation any and all questions put to them by their captors. Some Americans have believed such behaviour to be the result of lack of preparation of Japanese soldiers for the eventuality of capture. On the contrary, it is a striking example of the ready accession to the demands of anyone in authority which is inculcated in every Japanese from early infancy onward—yet another example of the St. Paul-Vogeler type of psychic *transfer* from one superego-figure to another.

Valentin Gonzalez's (7) account of his experiences under NKVD interrogation and imprison-

ment at the notorious Lubianka Prison makes it clear that he, El Campesino of the Spanish Civil War, was of a very different stamp from Mindszenty and Vogeler. Not only was he endowed with a sturdy physique and toughened by hardships over a period of years before he fell into the hands of the NKVD for the second time, but by his own words he was self-respecting and self-sufficient in the extreme. Of the natives of his home province of Estremadura in Spain he wrote: ' They had pride and a fierce belief in human dignity.' Like Vogeler and the rest, his period of conditioning was marked by his captors' efforts at exhausting him, and again there were the lights and other artifices for increasing strain and fatigue.

A very interesting device employed by Gonzalez's tormentors was the rigid rule that he and his cell-mates sit stiffly on their bunks holding a book, with their eyes riveted on the eye of a guard who watched them continuously through a peephole in the cell door. It is easy to conceive the eye as representing to those prisoners whose self-systems were not well developed the very personification of their superegos. Gonzalez reported: ' We saw . . . the eye of the guard, unceasingly fixed on us. Did we really see the eye? . . . It did not matter. The main thing was that we thought the eye was there and believed that we saw it.'

When El Campesino consistently refused to acquiesce in communist demands that he confess, they subjected him to various physical tortures. Commenting on his several experiences with the ' freezing bath '—jets of ice-water striking the naked victim from all directions—he said: ' How did I hold out when it would have been more normal and human to break down? I do not know. I think that the hard life I had always led made me exceptionally tough. Also, in my case the interrogators were defeated by their own tactics. By depriving me of sleep for such a long time they turned me into an unreasoning brute who acted from the obscure dictates of instinct [self-system]. But before I had reached this stage, and while I was still capable of thought, I had fixed my mind stubbornly on not signing anything. Later, when I could only act by blind instinct, that mental command had become a part of instinct itself. I was incapable of changing my mind, for it functioned no longer. . . . [The Russians] had not counted with the fact that I was not a Russian, with all that capacity for renunciation and submission, with that lack of individual pride and self-esteem, which seem inbred in them.' From this it is apparent that Gonzalez was equipped with a sturdy ego-structure and was not easily intimidated by authoritarian superego figures.

Gonzalez points out that not all foreigners are able to hold out as well and as long as he did. His description of the giving-up process strikingly parallels the connotations of Webster's definition of kenosis and many descriptions of religious experiences: ' There comes a moment when the prisoner feels that he is caught like a fly in a spider's web, his vital substance being sucked away until he is nothing but an empty shell.' This, of course, is an expression in lay terms of the emptying of the self-system into the superego-system.

While holding out against the Russians led only to worse conditions and longer imprisonment, Gonzalez gave further evidence of his firm ego-development: ' My stubborn resistance did only one thing for me: it sent me to my fate with the knowledge that I had not bowed down before those unjust judges.' Note that he never regarded his inquisitors as in any real sense authorities or in any way superior to himself except in the sense that they were numerous enough, and their walls strong enough, to hold him.

On one occasion El Campesino deliberately feigned complete obedience to the Iranian communists. He spoke the party language, chanted their phrases. He did this consciously to secure some advantage and improve his chances of escape. It was almost as if he had heeded the advice of old Lao-Tze to Confucius: ' Shrewd and clever people are always near to death, for they love to criticize and pass judgement on others. Those who know a great deal about practical affairs, and do things on a large scale, endanger their persons, for by their actions and their knowledge they reveal the mistakes of mankind. He who is only the son of another has nothing for himself, for he owes all to his father; he who is only the official of another has nothing for himself, for he owes all to his superior ' (4).

Summary

Kenosis, theophany, *satori*, *samadhi*, certain types of delusional psychoses, the categorical positive transference in psycho-analysis, ' confession ' under communist interrogation . . . all of these experiences or states of mind, and quite possibly all religious experience—all

represent a surrender of the self to a ' superior ' power in the face of surroundings which are seemingly or actually hostile.

Preceding such experiences as these a psychological predisposition must have developed as a result of an originally unfavourable relationship with an authoritarian parent (generally speaking, the mother), fortified through the years by comparable experiences with other authoritarian forces. The individual, struggling to establish his own independent identity, struggling psychically to devour the breasts of his perfidious mother, finally reaches a point of emotional exhaustion. Then, ' like one that wraps the drapery of his couch about him, and lies down to pleasant dreams ' (3) he ceases his resistance and falls into a swoon. With this final surrender he delivers himself, amidst flashing lights and thundering sound, to the devouring breasts of his paranoid mother [the Cosmic Mother].

In this vein, that is in the vein of surrendering to a parasitic inner power, Otto Sperling assembled a wealth of evidence for ' The Interpretation of the Trauma as a Command ' (12). He pointed out that ' The onset of psychoneurosis in soldiers during training was often correctly regarded as a measure of their predisposition to psychoneurosis. . . .' Just as the ' confession ' response to communist tactics is a measure of predisposition to accept a spurious superego.

Sperling reported that ' in psychoanalysis of soldiers the traumata of war were sometimes . . . found to be unconsciously felt as commands from the enemy which something within them was ready to obey. . . . Psychoanalysis showed that American soldiers were deeply influenced by enemy propaganda. . . . The commonest unconscious fantasies of enemy commands that emerged in analysis were: the command to die, to hate one's country, to make oneself useless for the war effort, to yield to one's anxiety, to adopt the enemy and his ideologies.'

Sperling said, ' enemy propaganda, or the soldier's interpretation of what the enemy wants him to do, can become in some instances established as a kind of parasitic superego.' I believe this ' parasitic superego ' is an overlay on a superego already conditioned and built into the personality through early contacts with the mother. It seems inescapable that groups of individuals predisposed to develop psychoneuroses from the traumata of war, especially enemy propaganda, would to a great extent be the same groups predisposed to react positively in response to the techniques employed by the communists to obtain false confessions. Perhaps as a note of warning, the very likely possibility should be expressed that in psychoanalysis continued reiteration of erroneous interpretations would at a time of intense emotional stress produce a theophany of a type which would be predetermined by the calculated interpretations.

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THE RITUAL ORIGIN OF SHAKESPEARE'S 'TITUS ANDRONICUS'

By WILLIAM H. DESMONDE, PH.D., NEW YORK

The survival of ritual forms in literature and in the drama is well known to scholars. Lord Raglan has conjectured that such traditions as those of Robin Hood, the Norse Sagas, Hengist and Horsa, Cuchulainn, and the story of Troy have originated in religious ceremonies (11), and Jessie Weston has offered the hypothesis that the Holy Grail stories originated in Mithraism (16). It has been shown by Dieterich (3), Ridgeway (13), Jane Harrison (6), Gilbert Murray (10), and Cornford (2) that theatrical forms are traceable to the religious rituals of ancient Greece.

G. Wilson Knight has suggested that Shakespearian tragedy is essentially a re-working of ancient religious ceremonies connected with the sacrifice of the mass. Shakespeare's kings, he states, are to be compared with the ritual kings of pagan cultures (7). This essay seeks to show the existence of a ritual pattern in the tragedy *Titus Andronicus*.

In a recent article on the Eleusinian Mysteries [1] I discussed the psycho-analytic significance of primitive puberty rites. They represent, according to the hypothesis offered, a social institution devised, no doubt over a long period of time, by the older men. The purpose of this institution was both to rid the adolescents of their oedipal ambivalence, freeing their energies for higher cultural activities, and to provide an outlet for the hostility of the tribal fathers against their sons.

The essential feature of these rituals consists of being shown the tribal mysteries, dramatic portrayals of the killing and resurrection of the neophyte. Originally, according to Freud's hypothesis, the separation of the son from the mother was carried out by the killing, castrating, or driving out of the male offspring. Frequently, puberty rituals for girls consist of a defloration ceremony.

In the course of social development, these mysteries often survive under the direction of organizations of priests, who conduct the dramatic-magical rites of the group. The religious mysteries of ancient Greece arose from the barbaric rituals of the primitive Aegean, according to Webster (15), Andrew Lang (8), Van Gennep (14), and Jane Harrison (6); and it is well known that Greek ritual had a great influence upon the Roman drama, from which Shakespeare derived many of his plots.

The Tragedy of 'Titus Andronicus'

I propose to demonstrate here that the plot of the tragedy *Titus Andronicus* was derived by Shakespeare or one of his contemporaries [2] from a Roman play or myth stemming from Greek ritual origins, and ultimately from tribal puberty rites.

The persistence of this ritual pattern in an Elizabethan play is to be regarded not as accidental, but as resulting from the recurrence of the oedipal conflict in each succeeding generation, along with the necessary social defences against the non-resolution of these antisocial impulses. For this reason, the initiatory theme is continually found in folklore, games, literature, and other similar phenomena. The artist seizes upon this motif because he inwardly realizes the basic emotional significance of these themes for all members of the culture.

The play *Titus Andronicus* is unusually rich in material for psycho-analytic investigation. However, in this essay, I shall confine myself merely to the psycho-analytic study of the play's origin, and will not treat such material as the relation of this tragedy to the playwright's personality, or the effect of the play upon audiences.

The story of *Titus Andronicus* opens with an impending struggle for the kingship between

[1] 'The Eleusinian Mysteries', *Journal of the Hillside Hospital*, **1**, No. 4, 1952: 204–18. The psycho-analytic interpretations made in this paper are written from the standpoint of Reik's theory of the significance of puberty rites. However, this does not preclude the possibility of interpretations from alternative points of view, as for example those which are expressed in Bruno Bettelheim's *Symbolic Wounds* (Glencoe, Illinois: The Free Press, 1954).

[2] Shakespeare's authorship of the play has been contested.

Saturninus and Bassianus, the two sons of the dead emperor. The brothers agree to submit their dispute to Titus Andronicus, a popular general, now returning to Rome from a victorious war with the Goths.

Andronicus enters, wearing laurel boughs, and sorrowfully relates that, of his twenty-five sons, all but four have been killed in wars for Rome. Against the anguished entreaties of Tamora, the captured Queen of the Goths, Andronicus agrees to the sacrifice of her son, in order to propitiate the soul of his own son, recently killed in battle.

Titus Andronicus names Saturninus as emperor. Saturninus chooses Lavinia, Titus' daughter, for his wife, but she is stolen by Bassianus, who claims her as rightfully his. In attempting to thwart the abduction, Andronicus kills Mutius, his son. Saturninus marries Tamora, who seeks vengeance upon Andronicus. Demetrius and Chiron, sons of Tamora, plot to seduce Lavinia; and Aaron, Tamora's paramour, devises a scheme to aid them.

Bassianus and Lavinia discover Tamora and Aaron at a secret tryst near a pit. Demetrius and Chiron kill Bassianus, and rape Lavinia, after which they cut off her hands and her tongue, to prevent her from revealing the identity of the criminals. Meanwhile, Aaron leads two of Andronicus' sons to the pit where Bassianus' body lies. The emperor discovers them there, and believes them to have committed the murder. Aaron tells Andronicus that his two sons will not be executed if he sends his hand. Titus permits his hand to be cut off, but receives only the heads of his sons in return.

Lucius, the last surviving son of Titus Andronicus, is banished from Rome. Raising an army among the Goths, he marches on Rome; on the way, he captures Aaron with Tamora's illegitimate child.

Andronicus invites Saturninus and Tamora to a banquet. Titus has meanwhile killed Demetrius and Chiron, and has baked them into a pie, which is served and eaten by Tamora, their mother. After the killing of Lavinia, Tamora, Andronicus, and Saturninus, the only remaining son of Titus, Lucius, becomes emperor of Rome.

The following major episodes occur in the tragedy of *Titus Andronicus*: the struggle between two princes for the kingship, following the death of the old king; a human sacrifice to propitiate the dead soul; a marriage by capture in which a son is killed; a rape near a pit in the ground; and a cannibalistic meal. Furthermore, all of Titus' sons are gradually killed, with the exception of the last, who succeeds to the kingship.

The Ritual Origin of the Play

I shall now attempt to show that this plot can be traced back to the ancient Greek myths of Pelops and the Rape of Persephone, both of which were enacted frequently in antiquity as ritual dramas.

In the story of Pelops, related by Pindar, Pelops engages in a chariot race, in order to win his bride, the daughter of the king Oinomaos. Oinomaos has already killed thirteen suitors, but he is overcome by Pelops, who carries off his daughter in a chariot.

In Francis Macdonald Cornford's interpretation (2), the myth of Pelops is composed of at least two distinct ritual features: the contest between the old and the new king, ending in the death of the older, and the succession of the younger to the kingdom; and the carrying off of the bride, with the aim of escaping the pursuing father, i.e. a flight, such as often occurs in marriage by capture.

Both of these features are present in *Titus Andronicus*.

Oinomaos, interpreted by Cornford as a magician-king controlling the rain and the weather, is analogous to the King of the Wood at Nemi, who mated with the mother goddess and defended his office against all comers, until finally defeated and superseded by a successful combatant. The first kings were simply the fathers, and the struggle for the kingship was the oedipal conflict.[3]

Thus, the above similarity between the myth of Pelops and the plot of *Titus Andronicus* takes us back to the primal horde. The death of most of Titus' sons, one of whom he kills himself, fits in with this material.

The parallelism between the plot of *Titus Andronicus* and the primal crime and puberty rites is increased when we consider the last part of the legend of Pelops, which contains a story of the banquet of Tantalus.

Invited by the gods to eat nectar and ambrosia at their table, Tantalus asked them in return to

[3] I have discussed the ritual for the succession to the kingship in the grove of Diana at Nemi in terms of the oedipal conflict in more detail in the paper, 'Psycho-Analysis and Legal Origins', *Int. J. Psycho-Anal.*, **34**, 1953, 52–62.

a banquet. Tantalus, as the last course, served the flesh of his son Pelops, whom he had cut in pieces and boiled in a cauldron. The deities were taken unaware; and one of them, Demeter, ate of the horrible dish. Zeus then ordered that the flesh should be put back into the cauldron, and the child restored whole and healthy.

The eating of children continually recurs in connection with the succession to the kingdom in the house of Tantalus. There is reason to believe that the Feast of Tantalus was Kronian in nature, commemorating how Kronos became king. These religious ceremonies survived in the myths and dramas of the Romans, particularly in Seneca, providing a source for plots for Elizabethan playwrights. This would explain the fact that in *Titus Andronicus* the cannibalistic meal is followed by the death of Andronicus, and the accession of his son to the kingship.

Cornford interpreted the Tantalus feast as a ritual of New Birth, as the second birth of the child, following purification at puberty. Such initiation rituals formed the core of the cult of the Great Mother and her attendant Kouretes, which was widespread all along the coast of Asia Minor, and which was also established at the hill of Kronos at Olympia. Initiated men were also called the ' Bacchoi '. The cult of the Kouretes, the religion of Dionysos, and the ritual of Zagreus are substantially one. As has been stated, the mock slaying, dismemberment, and eating of the neophyte is a phenomenon frequently encountered in tribal initiation ceremonies all over the world.

Cornford concluded that the entire Pelops story stems from a ritual to determine who was to be the next year-god. The Feast of Tantalus was part of the victor's inauguration ceremony, consisting of his death and resurrection, followed by a sacred marriage, the King and Queen embodying the powers of fertility in nature.

All of these features are to be found in *Titus Andronicus*. In particular, the struggle for the kingship, the eating of Demetrius and Chiron, and the proclaiming of Lucius as emperor, closely parallel the ancient Greek ritual. Indeed, many writers have contended that the form of the tragedy itself arose from the primitive enactment, in early Greece, of the death and resurrection of Dionysos. According to Cook, ' the boiling and eating of Pelops were for centuries regarded as among the most popular of all tragic themes ' (1, p. 679).

Psycho-analytically, the plot of *Titus Andronicus* may be interpreted from either of the two following standpoints: (i) as a dramatic re-enactment of the circumstances in the primal horde, in which the father kills all of his male progeny, until vanquished by the youngest, who then comes into possession of the females and becomes leader of the horde, after murdering and eating the father; or (ii) as the survival, through the centuries, of the primitive death-and-resurrection ceremony at an initiation or inauguration. Possibly we may regard the rituals from which *Titus Andronicus* stemmed as over-determined, in which case both interpretations would be simultaneously correct. Or, following Theodor Reik's hypothesis in ' The Puberty Rites of Savages ', we might regard the dramatic ceremonies at initiation rites as re-enactments of the primal crime, but with the son, in the later Dionysian rites, taking the place of the father, and atoning for the guilt of the brother-horde :

> ' The powerful motive which struggles for expression in the Dionysian celebrations and in the earliest Greek tragedy, namely, the rebellion, based on incestuous impulses, of the son against the father and its tragic expiation, has remained the real theme of all dramatists from the *Oedipus* of Sophocles up to the present day.' (12)

The rape of Lavinia at a pit in the woods also has its counterpart in ancient Greek ritual. The story runs that the youthful Persephone was in the meadow, when the earth gaped open, and Pluto issued forth from the abyss, and carried her off to the gloomy subterranean world. Her mother, Demeter, sorrowfully sought her in vain, and the corn would grow no more, until Zeus commanded Pluto to return Persephone.

This myth was regularly enacted in the sacred dramas at Eleusis. Most authorities regard Persephone as a personification of the corn, which spends part of the year under the ground, and the remainder of the time with the living. The fact that, in the Shakespearian tragedy, the rape of Lavinia is carried out near a pit presents a striking similarity to the ancient ritual, in which Persephone is ravished, and taken to the underworld by Pluto. According to Gaster, seasonal ceremonies form the basic nucleus of dramatic forms (4). In my paper on the Eleusinian Mysteries, I offered the hypothesis that the Persephone ritual was a survival, in ancient Greece, of primitive female puberty rites, in which defloration took place. I also sought to connect these adolescent defloration rituals with Freud's hypothesis of the primal crime and with Reik's work on puberty rites.

All of the salient features of *Titus Andronicus* are now seen to have been present in the two Greek rituals which have been mentioned. Both religious rites were popular and widespread dramas. What is particularly remarkable is the fact that the rituals of the Rape of Persephone and the death and resurrection of Dionysos comprised the sacred dramas regularly performed in the Eleusinian Mysteries.

The Eleusinian Mysteries, which exerted an enormous influence upon the development of Christianity (9), consisted of two separate rituals. The first, enacted in Agra, re-enacted the myth of Zagreus (Dionysos). The second, called the Greater Mysteries, whose basis was the story of Persephone and Demeter, was celebrated at Eleusis. Both mysteries, Lesser and Greater, constituted a single initiatory process, the Lesser Mysteries being necessary before full initiation at Eleusis. *Titus Andronicus* is thus the survival of a male and female puberty rite of primitive origins, which survived in classical Greece in the Eleusinian Mysteries.

Ovid's 'Metamorphoses'

According to the hypothesis offered here, Shakespeare or one of his contemporaries drew the plot of *Titus Andronicus* either from a classical writer or from an Italian play. It is quite possible that Ovid may have been this source, since the *Metamorphoses* is mentioned in Act IV, Scene i of the tragedy. Indeed, Book IV of Ovid's *Metamorphoses* contains a good deal of material on the basis of which an Elizabethan could have constructed the plot of *Titus Andronicus*. In one of the recounted stories, King Tereus raped his wife's sister, Philomela, and tore out her tongue to prevent her from revealing his identity. Philomela, kept hidden by Tereus, managed to send a message to her sister, Procne, who searched for her. As revenge upon the king, Procne cut the throat of Tereus' son:

'. . . and they cut up the body still warm and quivering with life. Part bubbles in brazen kettles, part splutters on spits; while the whole room drips with gore.'

Procne then served this meal to her husband, who unknowingly ate it. Here, then, we have the two main episodes of *Titus Andronicus*—the rape and cutting out of the ravished girl's tongue, and the serving to the king of his sons in a banquet. Other stories in Book VI of the *Metamorphoses* bear similarities to other incidents in the Shakespearian play.

If *Titus Andronicus* was based on Ovid, may we still presume a ritual origin for its plot? The answer is affirmative. The above tale from Ovid obviously bears a strong resemblance to the Greek rituals we have spoken of. Cook said that it is very probable that Ovid drew upon earlier sources for many of the stories in his *Metamorphoses* (2, p. 675). Halliday definitely regards the Philomela story as a re-working of early Greek cannibalistic ritual (5).

If Ovid derived the story of Tereus and Philomela from the Rape of Persephone and the dismemberment of Zagreus, we might expect to find traces of this ritual origin in his writings. The fact is that Ovid himself placed the scene of the Tereus and Philomela tale at the time of the Bacchic rites. When Procne, like Demeter, went in search of the ravished and hidden virgin, she was clad in the ritual attire of the Dionysian revels. Her quest took place, wrote Ovid:

'. . . when the Thracian matrons were wont to celebrate the triennial festival of Bacchus. Night was in their secret; by night Mount Rhodope would resound with the shrill clash of brazen cymbals; so by night the queen went forth from her house, and joined in the orgies of the god, arrayed for the mad revels.'

Since the ravishment and mutilation of the virgin, as well as the cannibalistic banquet, occur in Ovid at the time of the Dionysian rites, it is likely that these ancient mysteries were the ultimate source for the stories in Book VI of the *Metamorphoses*, from which Shakespeare may have obtained the plot of his tragedy.

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OBITUARY

SIEGFRIED BERNFELD
1892–1953

At the turn of this century a growing group of educational reformers with strong liberal leanings made themselves felt in Central Europe. They dimly sensed the approaching disaster and tried to ward it off by more enlightened education, more social justice, and better psychological insight into the needs of the coming generations. In this movement Gustav Wynecken was an outstanding figure. Impressed and stimulated by the English Public School system, he founded the Landerziehungsheim Wickersdorf, where he tried to uproot the usual authoritarian school system and give life and reality to the cultural and democratic ideals of the progressive intellectuals in Imperial Germany. Co-education and the sharing of administrative responsibilities between teachers and pupils were among the novel features of Wickersdorf.

In his foreword to *Kinderheim Baumgarten* Bernfeld names Maria Montessori, Berthold Otto and Gustav Wynecken as the educators whose ideas he tried to synthesize in his own experiment with new forms of education. More will be said about Kinderheim Baumgarten in its proper chronological place, since the experience which Bernfeld gained in connexion with this experiment marks a turning-point in his emotional and intellectual development.

Bernfeld was a prolific writer, and his first paper was written when he was eighteen, an undergraduate at the University of Vienna. Biology and psychology attracted him from the start. A review of William Stern's *Psychological Methods of Intelligence Tests and their Application to School Children* was his first publication. In the following year came his first paper in the 'Zeitschrift' (*Internationale Zeitschrift für Psychoanalyse*) on 'Unconscious Determination of the Thinking Process. A Self-Observation'. 'Psycho-analysis and Psychology' followed next year in the same journal, to mention only the psycho-analytically oriented papers of the years preceding World War I.

The bibliography of Bernfeld's writings at the end of this obituary notice enables us to trace the different steps of his intellectual development; more than this, they tell us also of his reactions to the outbreak of the 1914 war and the emotional hardships of the years that followed. Resigned to the fact that the time was uncongenial to educational reforms, he turned to specific war problems and tried to contribute something to their solution.

Bernfeld did not admit to any tie with his native Lvov, which he had left as an infant, but the plight of the orphaned waifs and strays of Galicia stimulated him to new activity and made him more clearly aware of his Jewishness. Between 1916 and 1921 his whole energy and capacity for organization was bestowed upon the Jewish cause. 'The Jewish Youth Movement', *The Jewish People and its Youth*, 'The Organization of a League of Jewish Youth', these are a few illustrative titles of publications from that period, during which he founded in Vienna the 'Jewish Paedagogium' and an 'Advisory Office for Vocational Training'. These received enthusiastic though short-lived support from the young.

Slowly a plan for the resettlement and re-education of uprooted and orphaned Jewish youth took shape in Bernfeld's mind. Racial considerations were alien to him. This stressing of the Jewish cause was motivated by the knowledge that it is easier to get support and find friends for a restricted aim within the frame of one specific community, and in the first place by the growing German nationalism and the influence of Hans Blüher. Blüher, who posed as a disciple of Friedrich Nietzsche and a self-styled leader of youth, developed his own idea of the 'Herrenmensch' with growing stress on anti-semitism, thus paving the way for the National Socialist movement which existed at that time only in embryo.

Kinderheim Baumgarten came into being in 1919. It had at its disposal five disused military barracks, and was intended to grow and become the nucleus and model for further establish-

ments. Co-education paired with administrative responsibilities and a more enlightened approach to sex problems based on Freud's writings, all were to find realization in it. A fascinating book written in 1920 gives an account of Bernfeld's endeavour and his hard work in union with his self-sacrificing helpers. The losing battle with otherwise progressively orientated Zionists and a rather narrow-minded charity organization occupied but a few months. Their only lasting result is set forth in a book in German with the title *Kinderheim Baumgarten, a Report on a Serious Attempt at New Education.*

Bernfeld's interest in all problems of childhood and adolescence never flagged, and no setback could stem the flow of publications on such topics. The serial *Source Studies in Psychological Developments*, which the Internationaler Psychoanalytischer Verlag at that time published, included two volumes by Bernfeld; one entitled *On the Community Life of Adolescents*, and a second which followed shortly afterwards, *On the Poetic Creations of Adolescents.*

Two papers are of special interest, because they are in some degree autobiographical. The first, entitled ' On Sublimation ', can be read as a preliminary note to the second and more extensive, entitled ' On a Typical Form of Male Puberty '.

In this paper Bernfeld advocates the distinguishing of three forms of adolescence: one, puberty, coincides more or less fully with physiological maturation, and both come to an end at the same time. A second, characteristic of our culture, exhibits an extension of adolescence, accompanied by the typical conscious and unconscious conflicts of that period and attempts at their solution. Regressions from adult maturity to adolescence sometimes occur, finally giving way to a new push towards maturity. The third form Bernfeld called ' stretched-out adolescence ', and with this his investigation was mainly concerned.

A special warmth and fluency of style singles out these descriptions of the ' stretched-out adolescence ' and gives the impression that this part of the investigation had a special meaning and importance for the investigator. In addition Bernfeld also calls this form of adolescence ' genialische Pubertät ', a characterization which does not lend itself easily to translation. What he means is that these ' outstretched adolescents ' display characteristics which are usually ascribed to what is called ' genius '. He in no way assumes that this form of adolescence is even a promise of later achievements, and the term genius is itself vague. But such adolescents distinguish themselves by a tendency to productivity, artistic, literary, or scientific, and by a strong bent towards idealistic aims and spiritual values with no predominant interest in sex, professional or financial achievements. A high degree of self-esteem goes together with the adoration of a ' master ' or ' idol ' and a concurrent disparagement of other aims. Bernfeld assumes that three interrelated factors in development are mainly responsible for this form of adolescence: a narcissistic trauma through failure which persists during the latency period, and the too early formation of an ego-ideal. He assumes that the onset of such an ego-ideal is most probable in latency and not later than pre-puberty.

With the end of Bernfeld's Kinderheim came also the end of his activity as a practising pedagogical reformer, and of all his hopes of influencing contemporary education. Beginning work as a practising analyst, he became a most active teacher of psycho-analysis and an indefatigable lecturer on its behalf. After 1924 the newly-founded Training Institute of the Vienna Psycho-Analytical Society opened up to him a new field of activity.

In 1925, five years after Bernfeld's part in Kinderheim Baumgarten had ended, the lesson of this experiment had sunk in and the experiences gained bore an unexpected fruit. Another book from his untiring pen appeared under the title *Sisyphos, or the Limits of Education.*

The wit and wisdom of resignation and afterthought give this book a specific charm. The youthful dreams of reform on a grand scale have faded away, but the burning concern for all problems of education remains. It is regrettable that neither *Kinderheim Baumgarten* nor *Sisyphos* is available in English. These two books not only show Bernfeld with his wide sweep of youthful enthusiasm at its best; they are an interesting contribution to European social and educational history.

The Psychology of the Infant, Bernfeld's best-known and most extensive book, appeared in German at the same time (English edition: New York, Brentano, 1929).

The next three years were a period of still greater activity for Bernfeld as a writer. He elaborated and enlarged his former publications, among them *The Contemporary Psychology of Adolescence* and a booklet with the title *To-day's*

Psychology of Adolescence, a Critique of its Scientific Methods. To the newly-founded *Zeitschrift für psychoanalytische Pädagogik* he was a constant contributor.

In collaboration with Sergei Feitelberg, Bernfeld began research in the physiological field of instinct theory. 'The Principle of Le Chatelier and the Instinct of Self-Preservation' was his first paper to deal with this new line of thought; 'The Principle of Entropy and the Death Instinct' also belongs to this group of investigations. His studies in the field of psycho-physiology, hitherto quite untouched by psycho-analysts, are collected in another book entitled *Energy and Instinctual Drive : Psychoanalytical Studies towards a Psycho-Physiology.* 'Instinct and Tradition in Adolescence', 'Psychological Studies on Culture from Diaries', 'The Concept of "Interpretation" in Psycho-Analysis' and 'Gestalttheorie' are other publications of the same period, testimonies of his searching into 'academic psychology' far in advance to the general trend in psycho-analysis. Only one of these papers is available in English. The reader will forgive our enumerating them, for we do so only to illustrate Bernfeld's wide range of interest and his fecundity as a writer.

His later papers need no enumeration; all are available in English, with one exception all in American journals. Outstanding among them are his preliminary studies for a Freud biography. Ernest Jones, in his momentous *The Life and Work of Sigmund Freud*, has voiced his indebtedness to Bernfeld, and all who write about Bernfeld, as well as the whole community of psycho-analysts, must share this gratitude. He had come a long and sometimes painful way before he reached such a goal. Suzanne Bernfeld, in whom he had found at last the ideal companion and co-worker, cannot be forgotten in this context. These six papers, two of which are written in collaboration with Suzanne C. Bernfeld, are not mere contributions to a biography; they are something of a biography *en miniature.* All the loving care for the minutest detail combined with refined psychological sagacity and knowledge of the cultural background make them rare and delightful.

Unfortunately, illness and early death put an end to it all.

An intimate knowledge of Europe immediately before the First World War, and of the period that intervened before the outbreak of the second, make it easier to understand Bernfeld's development. The intellectual forces of progress and construction in Austria and Germany were all paralysed during that period. At its beginning the Weimar Republic had kindled the aspirations of the high-minded to a new life. That life was a short one, and the inglorious end of the Weimar Republic is now a matter of history. Bernfeld was a man slow to mature; he clung unusually long to those ideals and felt keenly their descent into oblivion. The intellectual and emotional climate most congenial to him existed no longer. His enforced resignation from Kinderheim Baumgarten had been the first blow; the second, illustrated by the fate of the Weimar Republic, was final. Faithful to himself, he never ceased to advocate the cause of a socially juster and psychologically more adequate education for the masses. Politics in the narrower sense had never any appeal for him, but he felt deeply the duty of the enlightened towards the unenlightened. His kind-heartedness and his sense of reality prevented him from becoming bitter, but he had no illusion about his crying in the wilderness. He recognized that the existent political scene made the realization of his educational ideas most unlikely. Bernfeld was both too late and too early in his pedagogical endeavours. For reforms of any kind the Europe of that period was only a burial-ground.

Bernfeld's sustained interest in pedagogy was but one source of his rich and varied output; how did it come about that he remained a lonely figure not only as a pedagogue but to a lesser degree even in the psycho-analytic movement?

The Saturday evening discussions between Anna Freud, August Aichhorn, Siegfried Bernfeld, and Willi Hoffer left no traceable mark on Bernfeld's contribution to psycho-analysis. To share the thoughts of others, to re-think and enlarge on the ideas of other people, were not among his gifts. He needed an audience of his own which he could stimulate and to whom he could leave the elaboration of his own ideas. His creative bent was self-centred, a characteristic more common in artists, who are prepared to wait, and can wait, because their work is timeless. But the work of a scientist, carried on in a closely-knit scientific community, where he is one among many, must fit into current trends or it will be ignored. One of Bernfeld's most outstanding characteristics was his versatility; and this, which in other conditions could have been an asset, likewise worked against him.

A single paper on a specific subject, not at the moment in the centre of the common trend, may very easily fail to draw attention to its author. All Bernfeld's papers show his adherence to Freud's teachings, and apart from that guiding principle he wrote many single papers on many topics. The language barrier contributed to the lack of response. His contributions to Freud's biography, written in the comparative peace and security of America, found the echo they deserved.

Bernfeld's last unpublished paper, compiled with the help of one who had heard it read, since no notes existed, shows him in his old Utopian vein. It is a plan for an ideal Training Institute for a coming generation of psycho-analysts. The world as it is and human beings as they are could never satisfy Siegfried Bernfeld.

An idealist and a European, he could never adjust himself fully to the times in which he lived. He remained strikingly young in a period when aloofness, a readiness to adjust, and a certain resigned optimism, all characteristic of ageing, are of the greatest benefit. Neither Austria nor Germany was in Bernfeld's time the ' Land der Dichter und Denker ', and there no longer existed an undergraduate population such as there had been in 1848, at the time of the short-lived Frankfurt Parliament. The best part of Bernfeld's life was spent among people whose energies were constrained by the mere struggle for survival. Bernfeld wandered from Vienna to Berlin, then back to Vienna, which in turn became intolerable, and from there to the South of France before he reached the United States, too late to start life afresh.

There is an apparent incongruity between Bernfeld's independence as a writer and his obvious dependence on the cultural and political atmosphere in which he was forced to live. This incongruity may be understood as the valiant struggle of a highly sensitive and gifted personality against innumerable odds. Bernfeld was not crushed, but a complete victory over those obstacles was denied him. Psychoanalytic insight had enabled him to avoid the fate of the many gifted unknown who were destroyed with the destruction of the culture they had adorned.

Hedwig Hoffer.

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Dr. GEORGES PARCHEMINEY, Paris

The death of Dr. Georges Parcheminey in September 1953 is a great loss to the Société Psychanalytique de Paris.

Not long before his death Dr. Georges Parcheminey had been elected President of the French Psycho-Analytical Society for a second term of office when that Society was dealing with grave internal difficulties. Born in Haute-Saône, he had come to Paris to study medicine and subsequently had become a teacher in the pre-clinical subjects. His intellectual curiosity made him turn towards psychoanalysis some thirty years ago and he founded with some young psychiatrists a Society for Psychiatric Evolution which later became the French Psycho-Analytical Society. He devoted himself to the study of Freud's work and his familiarity with German made it easy for him to acquire an intimate knowledge of our literature. He accepted and practised Freud's technique with the same care that had already characterized his work as a pathologist and medical practitioner. His judgement, tact, and diplomatic skill helped greatly in re-establishing harmony and tolerance within French psychoanalysis. No sacrifice or personal suffering was too great for him, and he thoroughly disliked conflicts rooted in the craving for power. The same ideal of self-control and sensitiveness made itself felt in his personal conduct with patients, colleagues, friends, and last, but not least, in his piano playing.

His psycho-analytic publications are numerous and cover many aspects, predominantly those of hysteria and conversion symptoms.

(From the Obituary by Michel Cenac, *Revue Française de Psychanalyse*, tome **17,** October-November, No. 4, 1953.)

LUDWIG JEKELS
1867–1954

Dr. Ludwig Jekels died in New York City on Saturday, April 3, at the age of 87, while reading a literary journal. An hour earlier, Mrs. Jekels saw him in his favourite position on the couch, one arm resting on the pillow, looking through the journal; an hour later, the fact that he had not changed his posture aroused suspicion in Mrs. Jekels; she looked more closely and found him dead. The facial expression was calm; death must have been instantaneous, without suffering.

One of the oldest pupils of Freud, Jekels was for nearly fifty years engaged in psycho-analytic practice and in never-ending study of theoretical problems of our science. He became in later years something of a symbol and a mythological figure to the younger and middle-aged generation of analysts. He was conscious of this fact, and sometimes complained ironically, 'I don't belong to this age'.

Jekels was one of those rare personalities about whom those who knew him well received

the same impression first as last: a gentleman of the old school, for whom the terms dignity and honour had meaning.

His thirst for knowledge, his search for truth, were insatiable. At his suggestion, I visited him every few weeks during his last few years; we used to spend the evening in discussing theoretical problems. His mental agility and freshness were surprising; as he had done twenty years earlier, when we collaborated on 'Transference and Love' and 'Instinct Dualism in Dreams', he would still try to jump up from his chair to look up a passage in Freud, Jones, or Abraham. He still insisted on 'thinking a problem through' ('durchdenken'), a process which amounted to a form of mental self-torture by bringing up as *advocatus diaboli* the most remote and imaginary objections of imaginary adversaries. His mind was open to newer suggestions, e.g. the importance of psychic masochism, based on oral regression, as 'basic neurosis'. He found many arguments for it, and few against. The brilliancy of his wit is best demonstrated by the answer he gave when I asked why whole generations of analysts overlooked this basic point: 'The fourth narcissistic hurt', said he, in allusion to Freud's famous 'three hurts'.

Jekels the man had but few illusions about people. With part contempt, part pity, he saw through poor defences and schemes. When his indignation subsided, he was in the habit of saying, 'Perhaps one should not expect too much of people'.

Jekels the scientist was honesty personified, and therefore was slow in presenting opinions: his endless 'thinking through' resulted in the postponement of papers worked out with almost obsessional care. His main works have recently been collected in his *Selected Papers*. The book contains but nine studies; yet all these are of basic importance. His main interest was concentrated on the problem of unconscious guilt. Most of these studies—both clinical and applied' analytic—deal with this topic, and are unsurpassed. He refused to be drawn into factional divergencies; when Freud offered him the acting vice-presidency of the Vienna Psycho-Analytical Society, he asked to be excused, saying modestly, 'I'm not fit for the job'. Reticent and shy—to a fault, as some believed—he preferred to have as little as possible to do with organizational problems, while not denying their necessity.

Jekels was never what is popularly called a 'happy man'. All the time I knew him, for nearly thirty years, there was always a shadow of resignation and depression around him. In work both these lifted. A few days before his death, when I saw him for the last time, he showed me, full of justified pride, a work by a young composer, dedicated to Jekels: the patient had come into treatment because of composer's block, now analytically removed: 'I am glad that I could help him'. Pleasure in self-chosen work at the age of 87—how many people can achieve that, and leave behind them a body of scientific work which will survive many a fashion?

The death of Ludwig Jekels has taken from us a truly great scientist and a truly great man.

Edmund Bergler.

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MARGARETE STEINBACH, Madrid

An unexpected loss was suffered by the German Psycho-Analytical Association through the sudden death in Madrid of Mrs. Margarete Steinbach on 9 April, 1954. When the Association began to function again in 1950, Mrs. Steinbach was one of the six analysts who re-established it under the direction of Dr. Carl Müller-Braunschweig.

Margarete Steinbach was born on 12 July, 1894. She passed her teacher's examination in 1914, and from 1921 to 1926 she was working at the German School in Madrid. She returned to Germany in 1926 and studied academic psychology at Berlin University under Köhler and Lewin. At the same time she began her training at the Berlin Psycho-Analytical Institute, and was analysed by Dr. Bally. In 1939 she became a member of the German Psycho-Analytical Association, which was then known as a study group of the German Institute for Psychological Research and Therapy. At the end of the 1939 war, she worked exclusively as a member of the German Psycho-Analytical Association within the framework of the Training Council of the Berlin Psychotherapists. She also lectured at the Institute for Psychotherapy, and taught at several schools, including the Teachers' Training College in Berlin. In March 1951 she was invited to undertake the training of psycho-analysts in Spain. In the short space of three years she was not only training analyst of nine doctors (mostly psychiatrists), two psychologists and one headmistress, but also undertook the control of cases and taught the theory of psycho-analysis. In addition she carried out a number of therapeutic analyses.

Margarete Steinbach had a thorough knowledge and understanding of the theoretical and practical aspects of psycho-analysis; she had a lively intelligence and tremendous drive which was of much help to her in her work of establishing the 'Asociacion Psicoanalítica Española'. News of the recognition of this association by the Spanish Government reached her a few hours before her death.

We shall always remember her as a friend and fellow-fighter in the cause of psycho-analysis, but she will be especially remembered for her work in laying the foundation for psycho-analysis in Spain.

Carl Müller-Braunschweig.

DR. DOUGLAS NOEL HARDCASTLE
1892–1954

Dr. Noel Hardcastle, who was a member of the British Psycho-Analytical Society and Physician to the London Clinic of Psycho-Analysis, died after a short illness on 17 May, 1954, at Bishop's Stortford, where he had established himself in psycho-analytic and psychiatric practice.

Dr. Hardcastle's record of neurologic and psychiatric appointments suggests that his psychopathological experience must already have been of high standard in the late twenties. It was then that he decided to study the Child Guidance Services in the United States; spending in all three years there. Back in England, with a first-hand account of this growing branch of psychiatric practice and research, he founded and directed the Fulham Child Guidance Clinic, and, as a keen thinker and observer, found there a fertile field for his gift of searching into the conflicts of childhood and adolescence. But he also felt that he had to look for what was not on the surface and could not be discerned without employing the method of psycho-analysis. Uncompromising as he was, he underwent a thorough personal analysis and training at the London Institute of Psycho-Analysis. In spite of his age he insisted on seeing it through, and qualified just before World War II. As he had done in the First World War, he joined the Royal Army Medical Corps, serving as a psychiatric specialist. By his rather sudden death a long search and struggle for accomplishment has come to an end.

His devotion to the science of psycho-analysis was honest and deep; receptive and imaginative, he constantly found stimulation in our literature, in his patients, and in the meetings of the British Psycho-Analytical Society. He married Miss Kitty Duguid, who survives him with three children.

W. Hoffer.

ANNOUNCEMENT

19th INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS

GENEVA, SWITZERLAND, JULY 24—28, 1955

Provisional Scientific Programme

MONDAY, JULY 25th:

Morning	9-30 a.m.	Opening Remarks by the President, Dr. Heinz Hartmann.
	9-50 a.m.–12-30 p.m.	Four papers to the entire meeting.
Afternoon	2-30 p.m.—5-30 p.m.	Two sections of five papers each. Discussion from the floor.

TUESDAY, JULY 26th:

Morning	9-00 a.m.—1-00 p.m.	Discussion on Problem of Transferences: Summary of Current Views. Four prepared discussions. Discussion from the floor.
Afternoon	3-00 p.m.—5-30 p.m.	Two or more sections of four papers each. Discussion from the floor.

WEDNESDAY, JULY 27th:

Morning	9-00 a.m.—1-00 p.m.	Panel on Perversions: General Theory of Perversions. Several papers dealing with special aspects of perversion. Discussion from the floor.
Afternoon	3-00 p.m.—6-00 p.m.	Four papers to the whole session.

ABSTRACTS

THE PSYCHOANALYTIC STUDY OF THE CHILD (An Annual)

8, 1953

Anna Freud, LL.D. ' Some Remarks on Infant Observation ', pp. 9–19.

This account of the observations it is possible to make on an infant in the first year of its life and the significance to be attached to them was delivered as an address to the first-year medical students in Cleveland, Ohio, the first group to receive their training under the new medical curriculum instituted at Western Reserve University in 1952. These students were to begin their medical education not in the dissecting room but in the antenatal clinic, initiating a contact with the expectant mother, which it was planned they should carry through the various stages of pregnancy, confinement, and postnatal care, and which should continue for the term of their medical studies.

In the simple and sensitive description of observable phenomena the analyst will readily recognize that the students are being introduced to the earliest manifestations of the operation of instinctual forces, to processes leading from part to whole object relationship, and to the differentiation of the body self. The account covers the functioning of the primitive pleasure ego and the earliest developments of reality testing. Needless to say, the complete absence of analytic terminology proves entirely compatible with the presentation of an exact description of early developmental processes.

Rose Coleman, M.D., Ernst Kris, Ph.D., and Sally Provence, M.D. ' The Study of Variations of Parental Attitudes. A Preliminary Report ', pp. 20–47.

This report from the Child Study Centre of the Yale University School of Medicine is based on the work of a research service which offers healthy and sick baby care to mothers chosen in the early months of pregnancy to participate in the project. The service covers all the vicissitudes of antenatal and postnatal care as well as the provision of nursery education. The present stage of the investigation focuses on the changes which can take place in a mother's attitude to a single child at different stages of its growth. The investigators found they were able to predict certain of these changes in advance, and are now aiming to assess the range of predictability which this type of study may make possible.

Four cases are presented in detail. In two of them marked improvement in maternal attitude was apparent and in two deterioration set in, changes in all cases being coincident with the child's initial strivings for independence. In both sets of cases, the mothers identified with their children on the basis of archaic id aspects of their personalities. The authors draw attention to the fact that when identification has become autonomous, and its energies neutralized within the ego, it opens the way for understanding of the object, and becomes a part of object relationship. Much of the ability of the mother to handle the small child and much of the difficulty in adjusting to its growth depends on her own capacity to make the shift from one type of identification to the other.

Margaret Fries, M.D., and Paul J. Woolf, M.S. ' Some Hypotheses on the Role of the Congenital Activity Type in Personality Development ', pp. 48–62.

The Congenital Activity Type, a descriptive term referring to the amount of activity a new-born infant shows in response to certain stimuli, is a concept covering neuromuscular excitability due in part to inherited, intra-uterine, and birth factors, and in part to temporary body changes and emotional states as well as to emotional attitudes of the parents. Grouping is into five types, ranging from pathological extremes of hyper- and hypo-activity through active, and moderately active, to quiet types. The impact of environmental experiences occurring before the differentiation of the ego from the id gains importance because the effect is as lifelong as though they were constitutional factors. The Congenital Activity Type therefore ranks in the authors' view as one of the primal ego variations to which Freud referred in ' Analysis Terminable and Interminable.'

On the basis of extensive observation of cases in analytic treatment and direct observation of some two hundred newborn babies, the authors have explored the role of the Congenital Activity Type in determining the set of the parent-child relationship; as a factor in psychosexual development, e.g. in the choice of areas of libidinization; in its influence on the child's ways of testing reality and his form of mastery over his environment; in the choice of defence mechanisms; and finally in the choice of symptom and the predisposition to pathology. While every condition is overdetermined, the conclusion is reached that the Congenital Activity Type is one of the many aetiological factors in personality development.

Berta Bornstein. ' Masturbation in the Latency Period ', pp. 65–78.

This paper is primarily concerned with masturbation in the latency period, its varieties, and their consequences. A survey of the changing dynamics of the activity from the first to the fifth year is made in preparation for a further differentiation within the latency period itself. Early latency is marked by manifest behaviour difficulties and the formation of new neurotic symptoms. Psychic maturation aids the child in the second latency period. The formation of a less rigid superego, increased real gratification in the outer world, and successful sublimation of pregenital impulses are the main determinants for progressive instead of regressive development towards puberty and adolescence.

In the neurotic child the blocking of sexual satisfaction results in traumatic anxiety and breakthroughs with paralysing guilt. Cases are quoted where the fear of climax or orgastic sensation led to a compulsive interruption of all pleasurable activity, thought, or speech, before its consummation. Illustrations are offered of the fight against compulsive masturbation and masturbatory equivalents with resulting insomnia, and the question of the isolation of phantasy from the masturbatory act is discussed. So long as the phantasy is attached to the act, it does not interfere with the child's behaviour and adjustment to reality. Where it has no bodily outlet, libidinal and aggressive energy left undischarged may permeate the ego activities. Compulsive talking and excited or quarrelsome behaviour may be the only visible substitute for the relinquished sexual activity.

Clinical difficulties in the elucidation of this highly defended material are discussed throughout the paper, and some helpful comments on upbringing are appended.

Phyllis Greenacre, M.D. ' Certain Relationships between Fetishism and Faulty Development of the Body Image ', pp. 79–98.

Fetishism is the result of a rather definite combination of genetic influences in disturbances of pregenitality. These consist of (i) disturbances in the early months of life, producing instability in the formation of the body image. (These include early physical disturbances causing marked sudden fluctuations in body image or subjective feelings of this nature; disturbances of mother-child relationship, which affect the sense of the infant's own body and leave an imprint on the early emerging ego; and finally the effect of early primary identification.) (ii) Complementary disturbances of the phallic phase which produce an exaggeration of the castration complex. The genital area of the body image is in any circumstances less certain in the early months of life than other parts of the body except the face. Under normal developmental conditions, the genital area of the body image becomes consolidated during the phallic phase, owing to the increase of the spontaneous endogenous sensations then arising. Under the disturbed conditions of pregenitality described, the overlying strong castration anxiety is combined with body-disintegration anxiety from the early phase and depletes rather than reinforces the genital outlines of the body. These conditions also contribute to increased bisexuality and to a corresponding split in the ego.

Owing to the marked pathology of the first months, there is a persistence of the unusually strong primary identification (which in many cases has played a part also in confusing the genital part of the body image). This persistent tendency to primary identification, especially through vision, again influences the attempts at intercourse. Then the sight of the penislessness of the partner brings into focus the underlying feminine identification and makes genital performance impossible unless special support is offered.

The support is attained through the use of the fetish. It offsets the effect of the identification with the partner, and pegs the genital functioning by furnishing this external and material symbol of the phallus to be reintrojected and to reaffirm the genital integrity of the fetishist.

Sylvan Keiser, M.D. ' A Manifest Oedipus Complex in an Adolescent Girl ', pp. 99–107.

An adolescent girl with ordinary neurotic inhibitions quickly developed an intensely sexualized transference. The feeble repression of incestuous strivings was not symptomatic of a psychotic process. It was possible to recognize the sources leading to the failure of the superego's repressive function. The defective organization of the superego had its genesis in the special conditions surrounding the two parents. The father disappeared during the phallic period, but he frequently promised to visit the patient. His failure to carry out his promises reactivated the original disappointment over his disappearance and repeatedly evoked the false hope that he would return. This pattern kept alive the original sexualized oedipal relationship, which could be neither fulfilled nor resolved because of the physical separation. Furthermore she was burdened by the conscious knowledge that her birth had been intended to save the parents' marriage. Her failure to achieve this intensified her feelings of inadequacy and guilt.

The mother actually encouraged the girl to remain fixated on the oedipal level, while simultaneously seducing the girl and flaunting her own sexual superiority.

Christine Olden. ' On Adult Empathy with Children ', pp. 111–126.

Empathy is a process oscillating between feeling as the object feels and recapturing the standpoint of one's own ego as observer and judge. Empathy with the infant and the child in the latency period

calls for a capacity to regress with the child's ego to manifestations of the primary process or the first stages of sublimation. It is a process which is independent of intellectual understanding and of liking or not liking. It has the capacity to pass through the object's defences to the real state of emotional affairs. It is to be distinguished, however, from various forms of regressive interplay with children originating in a narcissistic disturbance in the adult. Examples from the author's work with parents and teachers illustrate the confusion to which some pseudo- or partial-empathy subjects children when it is used for adult instinct-gratification or as a defence against adult anxieties, immediate or archaic. Equally the child's proclivity for living partly in the primary process may be felt as a threat to the mature psychic acquisitions of some adults. The adult's ability to feel with the child corresponds to the degree to which he has assimilated and been reconciled with his own childhood experiences and his own relation with his parents.

Victor Rosen, M.D. ' On Mathematical " Illumination " and the Mathematical Thought Process. A Contribution to the Genetic Development and Metapsychology of Abstract Thinking ', pp. 127–154.

A child's ability to operate reliably with numerical concepts appears in connection with certain stages in the maturation of the perceptual apparatus during the oedipal period. The ability to exclude purely sensory aspects of data in favour of their quantitative value seems decisive. The process is therefore one of selective countercathexis. Observations of hypersensitive infants with a low threshold of the stimulus barrier suggest that the need to erect secondary protective barriers against excessive external stimulation may result in the precocious maturation of some ego functions. It is suggested that these secondary barriers are precursors of the process of selective countercathexis and by their means an ego process may become available precociously for the development of quantitative conceptualization. In those with a special mathematical gift, it is probable that this maturational sequence takes place at an earlier period of ego development, so that along with the precocious concepts of number there remain archaic defence mechanisms which are later utilized in the creative aspects of the process.

In the case reported, a young mathematician experienced spontaneous mathematical insight while undergoing analysis, in connection with repressed feelings of disappointment and rage around objects with which he had previously had positive libidinal ties. The patient dealt with the disturbing, real situation by negation. The creative act, involving momentary ' controlled regression ' (Kris, 1950) to the preconscious level, dealt with the repressed archaic conflict by a continuous substitution of symbols for images. By confronting himself at this juncture with a world which was internally consistent within the framework of pure mathematics, the patient was enabled to avoid facing what was inner and what was outer reality. The conflict was resolved in a satisfying aesthetic experience. In this way the mathematician avoids the ambivalent conflict inherent in all other sciences which deal with external objects. The material indicates the substitution of mathematical thinking for aggressive feelings. The author concludes: ' The sublimatory fixing of the whole process is ensured by the high degree of " neutralization " of both libidinal and aggressive drives. Thus the creative act in mathematics (" illumination ") has its counterpart in the arts while the secondary elaborative process is continuous with those of the sciences.'

Samuel Ritvo, M.D., and Sally Provence, M.D. ' Form Perception and Imitation in Some Autistic Children: Diagnostic Findings and their Contextual Interpretation ', pp. 155–161.

Six children were studied, ranging in age from 22 to 39 months. All belonged to the autistic or symbiotic types of deviant (Mahler), and showed gross disturbance in human contact and absence or near-absence of speech, with general features which had led to a diagnosis of mental defect. Two features of their test performance are used as corroborative evidence for Mahler's formulations and for advancing suggestions for early diagnostic criteria of the symbiotic type.

All children of both types achieved age-adequate or superior performance on form board items. All moreover showed poor imitation of the examiner in tests where the imitation of drawings, vocal sounds, and movements was a feature. The poor imitation of these children is said to reflect the tenuous nature of their object relations, and the insufficient differentiation of the self from the not-self. In imitation the transformation of the self is carried out according to an image of the object and appears to be a part process of identification. Mahler stresses that these children have difficulty in cathecting the periphery of the organism with consequent defect in the body image and difficulty in establishing ego boundaries. The high performance on the form board presupposes a strong interest in and ability to perceive boundaries of shapes experienced through the hands, an aptitude which, it is suggested, stems from the forcing value of anxiety in their special area of conflict.

Early diagnosis of the symbiotic child might find some help in the study of nascent identificatory processes as manifested in the earliest imitative elements. It would seem likely that symbiotic cases would show disturbances in this area.

Martha Wolfenstein, Ph.D. ' Children's Understanding of Jokes ', pp. 162–173.

Some elements in a child's ability to understand and participate in the convention of a punning joke

are studied in a group of fifty-five children aged from six to seventeen. While comprehension of the joking situation has a definite relation to age, intelligence, and freedom of the learning process, the acquisition seems a particularly unstable one. It varies in a single child with his ability to withstand strong feelings aroused by the latent meaning of sometimes purely incidental elements in the joke. For example a joke about morons upset the child's ability to respond by punning, or even to understand what was demanded of him, because of castration anxiety. Some children become expert in the use of jokes to control the environment and deal with the problem of hostility. Others find it intolerable for the adult to abandon his role as supporter of the reality principle by propounding jokes.

Heinz Hartmann, M.D. ' Contributions to the Metapsychology of Schizophrenia ', pp. 177–198.

This paper, read at the 18th International Psycho-Analytical Congress in London, applies the author's earlier formulations concerning the genetic and economic factors of ego organization to some aspects of the schizophrenic process. Some aspects of schizophrenia may be accounted for in terms of the impairment not so much of the ego as of specific ego functions. Emphasis is laid on the fact that this effort to integrate certain well-known data about schizophrenic defence, object relations, language, and reality testing is made on the understanding that one aspect can be fully meaningful only in interrelationship with others already studied. Metapsychological hypotheses are used to bridge the gap between the instinctual and ego aspects and to establish connections between them. Insight is gained into the economic aspects of aggression in the normal and schizophrenic individual and into deficiencies in the primary autonomous factors in the ego which may represent one etiological element in the predisposition to schizophrenia.

K. R. Eissler, M.D. ' Notes upon the Emotionality of a Schizophrenic Patient, and its Relation to Technique ', pp. 199–251.

A shortened version of this paper was published in the *International Journal of Psycho-Analysis*, volume 35, 1954, pp. 141–146, under the title, ' Notes upon Defects of Ego Structure in Schizophrenia.'

Margaret Mahler, M.D., and Paula Elkisch, Ph.D. ' Some Observations on Disturbances of the Ego in a Case of Infantile Psychosis ', pp. 252–261.

A case is reported of a six-year-old boy who manifested a remarkable memory for small details of situations which had been highly emotionalized in his infancy; so much so that he was constantly distressed by meeting such a detail as a purely adventitious element in later experience. This failure in selective forgetting came to the fore during treatment. Desperate crying over stories or pictures connected with babies was a feature of his symptomatology. At one stage he showed catatonia-like states of excitement around the pictures, alternating with a listless stuporous condition. He seemed deliberately to seek out the sweeping excitations inherent in the pictures and the activities which they induced in him to ward off a threatened dissolution of the boundaries of the self. Desperate crying had been an element—which the parents had tried to prevent—in two passively perceived experiences of his first year; one a painful prolonged bodily state, the other prolonged feeding difficulties. In treatment he mimicked and excitedly fed a crying ' picture baby '. The feeding was not meant to assuage the baby's crying, but expressed a reactivated memory entity in which ' crying-baby-pain-feeding ' were irreversibly connected. The baby activities corresponded to a quest for restitution in terms of the primary process and its mechanisms, and enabled him to relegate his crying to an image with whom he playfully identified. His unstructured ego could neither modulate its affects nor function in the secondary process by selective perception, selective recall, and selective forgetting. The chronic distress connected with the enduring character of the early painful experiences had defeated the functioning of repression. The irreversible nature of his composite memory patterns prevented the development of a capacity for abstraction, and his extraordinary memory was an inexpedient substitute for the ego's ability to execute repression.

Anna Maenchen, Ph.D. ' Notes on Early Ego Disturbances ', pp. 262–270.

The case of a four-year-old boy is described with a view to assessing the contribution made by maternal deprivation to his severe ego disturbances. Both parents were withdrawn and the area of traumatic handling embraced all the early milestones. Restriction of movement and enforced loneliness were features. Symptoms of echolalia, awkwardness, confusion of pronouns, and inability to establish relationship fitted into the picture of schizophrenia, but there were significant symptomatic omissions.

The introjection of the vague withdrawn mother seems to have been a factor in producing a reality-shy ego. In the child's almost objectless world, an increase in primary narcissism with primary aggression partly turned against the self were inevitable features. The author offers the speculation that internalized aggression may have taken as its object the non-autonomous ego functions and handicapped the process of synthesis.

The retarded speech, still at an imitative level at four years, contained suppressed oral and anal elements beyond which the child had not progressed. An anal regression, activated during treatment, revealed an early fear of abandonment. A secondary aggression (anal spite), superimposed on these

factors led to the relinquishing of independent activity. ' The therapy was based on the assumption that the patient was born with a normal equipment and normal abilities. It was geared to the resumption of a development which, had it not been arrested, would have progressed in a normal way.' The therapist was successful in reuniting the child with the mother in a relationship which satisfactorily included aggressive elements. Doubt is expressed whether the child's apparent normality at nine years will withstand the onset of adolescence, and to this extent it is uncertain how far a congenital defect in the mental apparatus may have featured in his ego disturbance and isolation.

Annemarie Weil, M.D. ' Certain Severe Disturbances of Ego Development in Childhood ', pp. 271–287.

Following on the work of Kanner, Rank, Geleerd, and Mahler, the author describes in detail the clinical characteristics and dynamics of a group of children with severe ego disturbances of a non-neurotic type characterized by *arrested* development. Immature object relationship with features of omnipotence and faulty and defective reality testing arising from inadequate defensive structuring are typical. This group represents the pool from which some acute and subacute psychoses and a variety of less dramatic, non-regressive narcissistic disturbances emerge. There is a résumé of the literature connecting this type of child with clinical entities found amongst adult patients, and the writer describes the progress and outcome of treatment in a girl patient whom she followed from her tenth to her eighteenth year.

Gregory Rochlin, M.D. ' Loss and Restitution ', pp. 288–309.

The treatment is described of a boy of four years suffering from social isolation and incomplete ego differentiation. The history showed repeated separations from the mother, beginning at three months and extending up to the time of treatment. A total change of surroundings was repeatedly involved.

A central symptom which was repeated in the treatment was the child's need to retreat into a cupboard, under stress, and rub his face on his mother's fur coat. The treatment revealed a generalized tendency of the infantile ego to avoid loss by fixing upon a part of the object which it could retain and control. The child's primitive stereotyped patterns of behaviour disclosed a parallel effort to immobilize his own involuntary functions whose autonomous activity threatened him by stimulating phantasies of loss. The child's efforts to keep his objects by incorporation, control, and immobilization involved an almost complete sacrifice of essential reality.

The case is cited as representative of an important group of children who suffer severe object loss at a predominantly narcissistic stage of libido development, prior to the development of object constancy. The ego's need for an object cannot be met by a mere increase in narcissism, and the object is restored in inanimate form at some cost to the reality sense. The disorder described differs in degree and pervasiveness from the normal phenomenon of children solacing themselves with a doll or a piece of fur, which does not result in arrested development.

Berta Bornstein. ' Fragment of an Analysis of an Obsessional Child. The First Six Months of Analysis ', pp. 313–332.

This presentation of the case of an eight-year-old girl suffering from insomnia and fear of death was made to facilitate discussion of divergent techniques among a group of analysts. The death fear was fed by the intensity of the child's destructive impulses against mother and sister, and represented a punishment by the superego. With the decrease of the death fear, libidinal aspects of the relation to the father emerged in the form of the 'death feeling ', and a frightening pleasurable sensation called ' the creeps ', expressing the struggle against masturbation and the fear of self-injury. The interrelatedness of insomnia, death fear, and superego development was discernible in this early phase of the treatment. Seventeen drawings illustrate the case presentation.

Augusta Alpert, Ph.D., and Sylvia Krown. ' Treatment of a Child with Severe Ego Restriction in a Therapeutic Nursery ', pp. 333–354.

A four-and-a-half-year-old boy was entered at the Council of Child Development Centre's Therapeutic Nursery in company with his mother for observation of severe anxiety states which made it impossible for him to separate and which seemed connected with traumatic events in his third year. Closer observation revealed severe early impairment of ego functioning characteristic of atypical children. He was given an exclusive relationship with a teacher through which he was enabled to relive correctively steps in object formation. The educational treatment included persistent stimulation to prevent withdrawal and regression. As independent functioning developed group contacts were tolerated and extended. Experiments with guided regression to early fixations following cues given by the child became a productive later feature. ' Continual infusions of borrowed ego strength ' have resulted in a mitigation of the demand for symbiotic union, some growth in independent activity, and the development of new defences. Work with both parents went on simultaneously and psycho-analytic treatment of the child is now envisaged. The psychopathology reveals many of the features, both extrinsic and intrinsic, typical of early autistic disturbances.

Sara Kut. 'The Changing Pattern of Transference in the Analysis of an 11-year-old Girl', pp. 355–378.

In her paper entitled 'Clinical Notes on the Nature of Transference in Child Analysis' (*Study of the Child*, vol. 6) Selma Freiberg concludes that the term 'transference neurosis' cannot be applied to the analysis of children and adolescents, because 'the original neurosis is still centred to a large extent on the sphere of the home and the infantile objects'. In contrast, this paper attempts to show that the transference in child analysis does indeed exist in different forms and can, at certain times, assume the appearance of a transference neurosis. Three stages of the transference are described against the background of the libidinal development of the girl.

In the first stage the libidinal cathexis remained at home, and the transference paved the way towards the acceptance of aggressive and hostile wishes and thoughts directed towards members of the family. It was in the second stage that one could speak of a transference neurosis, because the regressed conflicts, once they had been worked through in relation to the original objects, were repeated in the analysis with the therapist as the central object. They were resolved after they had been interpreted and worked through. In the third stage the transference shifted once again, and now 'contemporary' and current conflicts were simultaneously worked through in many different places in relation to the different objects at home, at school, and with friends, as well as at the clinic.

Emma Plank, M.A. 'Memories of Early Childhood in Autobiographies', pp. 381–393.

The author has come upon a certain type of early memory showing the quality of genuine recollection of significant experiences, which are distinct in its qualities from screen memories. These creative writers seem to have undertaken the recording of their lives under some intense emotional stress and when they were advanced in years. Mostly they describe not memories of events but emotional relationships and experiences, feelings of anxiety, despair, bliss, and early instinctual gratifications, reaching back to the end of the first year of life. The writers were men showing pathological traits but with a high degree of creative integration.

Géza Róheim, Ph.D. 'Fairy Tale and Dream', pp. 394–403.

In this posthumous publication two fairy stories, *Little Red Riding Hood* and the *Tale of Fearless John*, are analysed in terms of a new view of mythology and the folk tale. 'It seems that dreams and myths are not merely similar but that a large part of mythology is actually derived from dreams. In other words we can not only apply the standard technique of dream interpretation in analysing a fairy tale but actually can think of tales and myths as having arisen from a dream which a person dreamed and then told to others, who retold it again, perhaps elaborated in accord with their own dreams.'

Thomas A. Petty, M.D. 'The Tragedy of Humpty Dumpty', pp. 404–412.

Three examples are offered, two from child and one from an adult analysis, to indicate the clinical significance of the rhyme. 'The rhyme itself is a simple dramatization of the second catastrophic trauma a child experiences (if birth is the first), viz. the arrival of a sibling. Humpty Dumpty then symbolizes both the first- and second-born; and the fall, the sibling's birth, the first-born's fall from parental favour, and the first-born's hostile wish that the same disaster befall the sibling.' 'The wall represents the mother, mother love, parental esteem, and the narcissistic omnipotence of the first-born.'

Ruth Thomas.